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| Fill in this information to identify your case: |                               | 1 |            |
|---|-------------------------------|---|------------|
| United States Bankruptcy Court for the:         |                               |   |            |
| Northern District of: Illinois (State)          |                               |   |            |
| Case number (if known)                          | Chapter you are filing under: |   |            |
|   | Chapter 7 Chapter 11          |   |            |
|   | Chapter 12 ✓ Chapter 13       | 1 | Check if t |

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself                            |                            |   |
|----|--|----------------------------|---|
|    |  | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name                                     | Danny                      |   |
|    | Write the name that is on                          | First name                 | First name                                    |
|    | your government-issued                             | E. Middle name             | Middle name                                   |
|    | picture identification (for example, your driver's | Johnson                    | Wildle Halfle                                 |
|    | license or passport                                | Last name                  | Last name                                     |
|    | Bring your picture                                 |                            |   |
|    | identification to your meeting with the trustee.   | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| _  | •  |                            |   |
| 2. | All other names you have used in the               | First name                 | First name                                    |
|    | last 8 years                                       |                            |   |
|    | Include your married or                            | Middle name                | Middle name                                   |
|    | maiden names.                                      | Last name                  | Last name                                     |
|    |  | Last name                  | Last name                                     |
|    |  | First name                 | First name                                    |
|    |  |                            |   |
|    |  | Middle name                | Middle name                                   |
|    |  | Last name                  | Last name                                     |
| 3  | Only the last 4                                    | 7004                       |   |
| 0. | digits of your                                     | XXX - XX- <u>7284</u>      | xxx - xx-                                     |
|    | Social Security number or federal                  | OR                         | OR  |
|    | Individual Taxpayer Identification                 | 9 xx - xx-                 | 9 xx - xx-                                    |
|    | number (ITIN)                                      |                            |   |

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| De                                 | ebtor 1 Danny   | E  | Johnson   | Case number (if k | known)   |                         |
|------------------------------------|---|--|---|-------------------|--|-------------------------|
|                                    | First Name  | Middle Name  | Last Name   |                   |  |                         |
|                                    |   | About Debtor 1:  |   | About Deb         | otor 2 (Spouse Only  | y in a Joint Case):     |
| 4. Any business names and Employer |   | I have not used any busine   | ess names or EINs.  | ☐ I have n        | ot used any business nam                                     | nes or EINs.            |
|                                    | Identification<br>Numbers (EIN) you<br>have used in the | Business name  |   | Business n        | ame  |                         |
|                                    | last 8 years  | Business name  |   | Business n        | ame  |                         |
|                                    | Include trade names and doing business as names         | EIN  |   | EIN               |  |                         |
|                                    |   | EIN  |   | EIN               |  |                         |
| 5.                                 | Where you live  | 0000 IM 405th Ot   |   | If Debtor 2       | lives at a different addı                                    | ress:                   |
|                                    |   | 3800 W. 135th St.  Number Street   |   | Number            | Street   |                         |
|                                    |   | Robbins Illinois   | 60472   |                   |  |                         |
|                                    |   | City State  Cook   | Zip Code  | City              | State  | Zip Code                |
|                                    |   | County   | _   | County            |  |                         |
|                                    |   | •  |   |                   |  |                         |
|                                    |   | If your mailing address is diffill it in here. Note that the courthis mailing address. |   |                   | mailing address is diffe<br>that the court will send a       |                         |
|                                    |   | Number Street  |   | Number            | Street   |                         |
|                                    |   | City State   | Zin Codo  | 07                | Otata  | To Oak                  |
|                                    |   | City State   | Zip Code  | City              | State  | Zip Code                |
| 6.                                 | Why you are choosing this                               | Check one:   |   | Check one:        |  |                         |
|                                    | district to file for bankruptcy                         | Over the last 180 days bef lived in this district longer                               | fore filing this petition, I have than in any other district. |                   | e last 180 days before filin<br>this district longer than in |                         |
|                                    |   | I have another reason. Exp   | plain. (See 28 U.S.C. §§ 1408.)                               | ☐ I have a        | nother reason. Explain. (S                                   | See 28 U.S.C. §§ 1408.) |
|                                    |   |  |   |                   |  |                         |
|                                    |   |  |   |                   |  |                         |
|                                    |   |  |   |                   |  |                         |
|                                    |   |  |   | -                 |  |                         |
|                                    |   |  |   |                   |  |                         |

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| Debtor 1 Danny<br>First Name   | E.<br>Middle Name  | Johnson<br>Last Name   | Case number (if known)   |                             |  |  |  |  |
|--|--|--|--|-----------------------------|--|--|--|--|
| Part 2: Tell the Court A   | About Your Bankruptcy (  | Case   |  |                             |  |  |  |  |
| 7. The chapter of the<br>Bankruptcy Code<br>you are choosing to<br>file under  | B2010)). Also, go to the top of  | cription of each, see <i>Notice Required</i> of page 1 and check the appropriate bo  | by 11 U.S.C. § 342(b) for Individuals F<br>ox.   | Filing for Bankruptcy (Form |  |  |  |  |
| 8. How you will pay the fee  | court for more deta may pay with cash on your behalf, you  I need to pay the f Individuals to Pay Y  I request that my f By law, a judge ma less than 150% of t the fee in installme | <ul> <li>☑ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</li> <li>☑ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).</li> <li>☑ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.</li> </ul> |  |                             |  |  |  |  |
| 9. Have you filed for bankruptcy within the last 8 years?  | ✓ No.  ✓ Yes. District  District  District   | WhenWhenWhen   | MM / DD / YYYY   |                             |  |  |  |  |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, o by an affiliate? | Yes. Debtor District Debtor  | <u>W</u> hen <u>W</u> hen  | Relationship to yo  Case number, if kr  MM / DD / YYYY  Relationship to yo  Case number, if kr | nown                        |  |  |  |  |
| 11. Do you rent your residence?  | ✓ No. Go to lin  Yes. Fill out   | ne 12.   | t you and do you want to stay in your res  |                             |  |  |  |  |

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| Debtor 1 Danny   |                     | E.                 |                                       | Johnson  | Case number (if known  | ı)  |          |
|--|---------------------|--------------------|---------------------------------------|--|--|---|----------|
| First Name   | _                   |                    |                                       | Last Name  |  |   |          |
| Part 3: Report About An  | y Bus               | sinesse            | es You Own as a S                     | Sole Proprieto   | r  |   |          |
| 12. Are you a sole proprietor of any full- or part-time business?  | <ul><li>✓</li></ul> | No.<br>Yes.        | Go to Part 4.  Name and location of b |  |  |   |          |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.   |                     |                    | Name of business, if an Number        | Street   | State  | Zip Code  | _        |
| If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.  |                     |                    | Single Asset Re Stockbroker (as       | usiness (as defined<br>eal Estate (as defin<br>defined in 11 U.S.<br>uker (as defined in 1 | in 11 U.S.C. § 101(27A))<br>ned in 11 U.S.C. § 101(51B))<br>C. § 101(53A)) |   |          |
| 13. Are you filing under  Chapter 11 of the Bankruptcy Code and are you a small business debtor?  If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the process debtor? |                     |                    |                                       |  | nt of  |   |          |
| For a definition of small business debtor, see 11 U.S.C. § 101(51D).   |                     | No.<br>No.<br>Yes. | Bankruptcy Code.                      | ter 11, but I am NO  | T a small business debtor accommall business debtor according              | ording to the definition in the to the definition in the Bankrupt | cy Code. |
| Part 4: Report if You Ow   | n or                | Have A             | ny Hazardous Pro                      | operty or Any  | Property That Needs In   | nmediate Attention  |          |
| 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and  | <b>∀</b>            |                    | What is the hazard?                   |  |  |   |          |
| identifiable hazard<br>to public health or   |                     | 1                  | f immediate attention is              | needed, why is it he   | eeded ?  |   |          |
| safety? Or do you<br>own any property<br>that needs<br>immediate<br>attention?   |                     | ,                  | Where is the property?                | Number   | Street   |   |          |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?  |                     |                    |                                       | City   | State  | Zip Code  |          |

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#### Debtor 1 Danny Johnson Case number (if known) First Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed about credit this bankruptcy petition, and I received a certificate of this bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed counseling before this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a you file for certificate of completion. certificate of completion. bankruptcy. You must truthfully check Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment one of the following plan, if any. plan, if any. choices. If you cannot do so, you are I certify that I asked for credit counseling services I certify that I asked for credit counseling services not eligible to file. from an approved agency, but was unable to obtain from an approved agency, but was unable to obtain those services during the 7 days after I made my those services during the 7 days after I made my If you file anyway, request, and exigent circumstances merit a 30-day request, and exigent circumstances merit a 30-day temporary waiver of the requirement. temporary waiver of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances you filed for bankruptcy, and what exigent circumstances your creditors can required you to file this case. required you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, the payment plan you developed, if any. If you do not do so, your case may be dismissed. your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of

#### person, by phone, or through the internet, even after I reasonably tried to do so.

Disability.

Active duty.

I am currently on active military duty in a military combat zone.

realizing or making rational decisions

My physical disability causes me to be

unable to participate in a briefing in

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. realizing or making rational decisions

My physical disability causes me to be

unable to participate in a briefing in

internet, even after I reasonably tried

I am currently on active military duty in

person, by phone, or through the

a military combat zone.

about finances.

to do so.

If you believe you are not required to receive a briefing

about credit counseling, you must file a motion for waiver of

Disability.

Active duty.

credit counseling with the court.

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| Debtor 1 Danny First Name   |   | Johnson Case number (if know   | <u></u>   |  |  |  |
|---|---|--|---|--|--|--|
|   | uestions for Reporting Purpo  | <del></del>  |   |  |  |  |
| 16. What kind of debts<br>do you have?  | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.  16c. State the type of debts you owe that are not consumer debts or business debts. |  |   |  |  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | paid that funds will be avail  No.  Yes.  | er 7. Go to line 18.  Do you estimate that after any exempt property is lable to distribute to unsecured creditors?  | s excluded and administrative expenses are  |  |  |  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000  |  |  |  |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion   |  |  |  |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion   |  |  |  |
| Part 7: Sign Below  |   |  |   |  |  |  |
| For you   | and correct.  If I have chosen to file under 11,12, or 13 of title 11, United choose to proceed under Chall If no attorney represents me ame fill out this document, I hall request relief in accordance I understand making a false sconnection with a bankruptcy years, or both. 18 U.S.C. §§ 1  /s/ Danny Johnson Signature of Debtor 1  Executed on9/20/2016  | and I did not pay or agree to pay some ve obtained and read the notice require with the chapter of title 11, United Statatement, concealing property, or obtacase can result in fines up to \$250,00 | eeed, if eligible, under Chapter 7, available under each chapter, and I eone who is not an attorney to help red by 11 U.S.C. § 342(b). tes Code, specified in this petition. Aining money or property by fraud in 0, or imprisonment for up to 20 |  |  |  |

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| Debtor 1                      | Danny  | E.   | Johnson   | Case number   | (if known)                  |  |  |  |  |
|-------------------------------|--|--|-----------|---------------|-----------------------------|--|--|--|--|
|                               | First Name   | Middle Name  | Last Name |               |                             |  |  |  |  |
| you are<br>by one<br>If you a | ur attorney, if<br>represented<br>are not<br>ented by an | I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. |           |               |                             |  |  |  |  |
|                               | y, you do not<br>o file this page.                       | /s/ Megan Holmes Signature of Attorney f   | or Debtor | Date          | 9/20/2016<br>MM / DD / YYYY |  |  |  |  |
|                               |  | Megan Holmes Printed name  |           |               |                             |  |  |  |  |
|                               |  | Semrad Law Firm  |           |               |                             |  |  |  |  |
|                               |  | Firm name  |           |               |                             |  |  |  |  |
|                               |  | 11101 S. Western Aver<br>Street  | nue       |               |                             |  |  |  |  |
|                               |  | Chicago  |           | Illinois      | 60643                       |  |  |  |  |
|                               |  | City   |           | State         | Zip Code                    |  |  |  |  |
|                               |  | Contact phone  |           | Email address | mholmes@semradlaw.com       |  |  |  |  |
|                               |  |  |           | Illino        | ois                         |  |  |  |  |
|                               |  | Bar number   |           | Stat          | te                          |  |  |  |  |

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| Fill in this information to identify your case: |                           |             |                      |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|
| Debtor 1  | Danny                     | E.          | Johnson              |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |
| Debtor 2  |                           |             |                      |  |  |  |
| (Spouse, if filing) First Name                  |                           | Middle Name | Last Name            |  |  |  |
| United States B                                 | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |  |
| (State)   |                           |             |                      |  |  |  |
| Case number (If known)                          |                           |             |                      |  |  |  |

| Check if this is ar |
|---------------------|
| amended filing      |

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#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets  |   |
|--|---|
|  | <b>Your assets</b><br>Value of what you own |
| 1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$87,678.00                                 |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$18,180.00                                 |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$105,858.00                                |
| Part 2: Summarize Your Liabilities   |   |
|  | Your liabilities<br>Amount you owe          |
| <ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol> | \$132,573.00                                |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$0.00                                      |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$26,143.00                                 |
| Your total liabilities   | \$158,716.00                                |
| Part 3: Summarize Your Income and Expenses   |   |
| 4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I  | \$3,634.82                                  |
| Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22, Column A, of Schedule J   | \$2,984.00                                  |
|  |   |

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| Deb                                | tor 1  | Danny  | E.                       | Johnson   | Case n             | umber (if known)           |            | _ |  |  |
|------------------------------------|--|--|--------------------------|---|--------------------|----------------------------|------------|---|--|--|
|                                    |  | First Name   | Middle Name              | Last Name   | _                  |                            |            |   |  |  |
| Part                               | 4: /   | Answer These Questic   | ons for Administr        | ative and Statistical R   | ecords             |                            |            | _ |  |  |
| 6. <b>A</b> ı                      | re yo  | u filing for bankruptcy und                                    | er Chapters 7, 11, or    | 13?   |                    |                            |            |   |  |  |
| Г                                  | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. |  |                          |   |                    |                            |            |   |  |  |
| -<br>[,                            | ✓ Yes.   |  |                          |   |                    |                            |            |   |  |  |
|                                    |  |  |                          |   |                    |                            |            |   |  |  |
| 7. <b>W</b>                        | hat k  | kind of debt do you have?                                      |                          |   |                    |                            |            |   |  |  |
| Ŀ                                  | _  |  |                          | ner debts are those incurred bout lines 8-10 for statistical pu |                    |                            |            |   |  |  |
|                                    |  | our debts are not primarily<br>his form to the court with your |                          | u have nothing to report on this                                | s part of the form | n. Check this box and subm | it         |   |  |  |
|                                    |  | the Statement of Your Cu<br>122A-1 Line 11; OR, Form 12        | •                        | ne: Copy your total current mo<br>122C-1 Line 14.               | nthly income fro   | m Official                 | \$5,383.82 |   |  |  |
| 9.                                 | Сор  | by the following special cat                                   | egories of claims from   | m Part 4, line 6 of Schedule                                    | E/F:               |                            |            |   |  |  |
|                                    | From Part 4 on Schedule E/F, copy the following:   |  |                          |   |                    | Total claim                |            |   |  |  |
|                                    | 9a. [  | Domestic support obligations                                   | (Copy line 6a.)          |   |                    | \$0.00                     |            |   |  |  |
|                                    | 9b. 7  | Taxes and certain other debts                                  | you owe the governme     | nt. (Copy line 6b.)   |                    | \$0.00                     |            |   |  |  |
|                                    | 9c. (  | Claims for death or personal in                                | njury while you were int | toxicated. (Copy line 6c.)                                      |                    | \$0.00                     |            |   |  |  |
| 9d. Student loans. (Copy line 6f.) |  |  |                          |   |                    |                            |            |   |  |  |
|                                    | 9e. (  | Obligations arising out of a se                                | paration agreement or    | t as  | \$0.00             |                            |            |   |  |  |
|                                    | prior  | rity claims. (Copy line 6g.)                                   |                          |   |                    |                            |            |   |  |  |
|                                    | 9f. D  | Debts to pension or profit-shar                                | ring plans, and other si | milar debts. (Copy line 6h.)                                    |                    | \$0.00                     |            |   |  |  |
|                                    | 9a. •  | Total. Add lines 9a through 9                                  | f.                       |   |                    | \$0.00                     |            |   |  |  |

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| Fill in this                          | information to                                | identify your ca   | se:  |                           |   |                            |   |  |
|---------------------------------------|---|--|--|---------------------------|---|----------------------------|---|--|
| Debtor 1                              | Danny   |  | E.   |                           | Johnson   | _                          |   |  |
| Dohtoro                               | First N                                       | lame   | Middle N   | lame                      | Last Name   |                            |   |  |
| Debtor 2<br>(Spouse,                  | if filing) First N                            | lame   | Middle N   | lame                      | Last Name   | -                          |   |  |
| United St                             | ates Bankrupt                                 | cy Court for the:  | Northern   |                           | District of Illinois  | _                          |   |  |
| Case nun                              | nber  |  |  |                           | (State)   | _                          |   |  |
| Officia                               | al Form                                       | 106A/B   |  |                           |   |                            |   | Check if this is an amended filing   |
| Sche                                  | dule A  | B: Prop  | ertv   |                           |   |                            |   | 12/1   |
| category v<br>responsib<br>write your | where you th<br>ble for supply<br>name and ca | ink it fits best. I<br>ring correct info<br>ase number (if k | Be as complete and<br>ormation. If more s<br>known). Answer ev | d accu<br>space<br>ery qu | set only once. If an asset fits in n<br>irate as possible. If two married  <br>is needed, attach a separate she<br>iestion.<br>, or Other Real Estate You | people are feet to this fo | illing together, both are or<br>form. On the top of any a | equally  |
| 1. Do you                             |   |  | quitable interest in   | any r                     | esidence, building, land, or simil  | ar property                | ?   |  |
|                                       | No. Go to Pa                                  |  |  |                           |   |                            |   |  |
| <b>V</b>                              | Yes. Where                                    | s the property?  |  | Wha                       | t is the property? Check all that a   | pply.                      |   | aims or exemptions. Put  |
| 1.1                                   | Street addre                                  | ss, if available, c  | r other description  |                           | Single-family home  |                            |   | ed claims on Schedule D:<br>nims Secured by Property.  |
|                                       | 3800 W. 135<br>Number                         | th St.<br>Street   | <u> </u>   |                           | Ouplex or multi-unit building<br>Condominium or cooperative   |                            | Current value of the                                      | Current value of the   |
|                                       |   |  |  |                           | Manufactured or mobile home   |                            | entire property?<br>\$87678.00                            | portion you own?<br>\$87678.00   |
|                                       | Robbins                                       | Illinois   | 60472  |                           | and   |                            | <u> </u>  | <u> </u>   |
|                                       | City  | State  | Zip Code   |                           | nvestment property  |                            | Describe the nature of<br>interest (such as fee si        |  |
|                                       | Cook<br>County                                |  |  |                           | īmeshare<br>Other   |                            | the entireties, or a life                                 |  |
|                                       | County  |  |  | Who one.                  | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Outleast one of the debtors and anoth                                   |                            | Check if this is col (see instructions)                   | mmunity property   |
|                                       |   |  |  | _                         | r information you wish to add al  |                            | em, such as local   |  |
|                                       |   |  |  |                           | erty identification number: 24-3  |                            |   |  |
| If you                                |   | nore than one, list  | r other description  |                           | t is the property? Check all that a single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home               | pply.                      | the amount of any secure                                  | laims or exemptions. Put ad claims on Schedule D: nims Secured by Property.  Current value of the portion you own? |
|                                       | Number  | Street   |  |                           | and   |                            | Describe the nature of                                    | vour ownership   |
|                                       |   |  |  | Ħ                         | nvestment property<br>Timeshare   |                            | interest (such as fee si<br>the entireties, or a life     | mple, tenancy by   |
|                                       | City  | State  | Zip Code   | Who one.                  | ther  | er                         | Check if this is column (see instructions)                | mmunity property   |
|                                       |   |  |  | prop                      | erty identification number:   |                            |   |  |

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| Debtor 1                      | Danny<br>First Name  | E.<br>Middle Name                                 | Johnson Case num Last Name   | ber (if known)                                   |   |
|-------------------------------|--|---|--|--|---|
|                               | eet address, if available, or of   |   | What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Investment property  Timeshare  Other                                 | the amount of any secu                           | portion you own?  of your ownership simple, tenancy by  |
|                               |  |   | Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information you wish to add about this ite property identification number: | (see instructions                                | ommunity property   |
|                               |  |   | all of your entries from Part 1, including any ent   |  | 7678.00   |
| <b>Do you o</b><br>you own th | nat someone else drives. If yo<br>ans, trucks, tractors, sport util<br>o | <b>equitable interest</b><br>u lease a vehicle, a | in any vehicles, whether they are registered or n<br>also report it on Schedule G: Executory Contracts and<br>cycles   |  |   |
|                               | Make<br>Model:<br>Year:  | Dodge<br>Challenger<br>2012                       | Who has an interest in the property? Check one.  Debtor 1 only   | the amount of any secu                           | claims or exemptions. Put ured claims on <i>Schedule D:</i> Claims Secured by Property.                                 |
|                               | Approximate mileage: Other information: 2012 Dodge Challenger            | 72000   | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  | Current value of the entire property? \$14600.00 | Current value of the portion you own? \$14600.00  |
| 3.2                           | Make Model: Year: Approximate mileage: Other information:                |   | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  | the amount of any secu                           | claims or exemptions. Put ured claims on Schedule D: Claims Secured by Property.  Current value of the portion you own? |
|                               |  |   | Check if this is community property (see instructions)   | •  |   |

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| 3.3 Mak                                | ny<br>Name   | E.<br>Middle Name     | Johnson<br>Last Name  | Case number                                 | (If known)  |   |
|--|--|-----------------------|---|---|---|---|
|  | del:   |                       | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | operty? Check                               | the amount of any secure  | claims or exemptions. Put ed claims on Schedule D: aims Secured by Property.  Current value of the portion you own? |
|  |  |                       | At least one of the debtors ar  Check if this is community instructions)  |   |   |   |
| 3.4 Mak<br>Mod<br>Year<br>Appi         | del:   |                       | Who has an interest in the prone.  Debtor 1 only Debtor 2 only  | operty? Check                               | the amount of any secure  | laims or exemptions. Put ed claims on <i>Schedule D:</i> aims Secured by Property.  Current value of the            |
| Othe                                   | er information:  |                       | Debtor 1 and Debtor 2 only  At least one of the debtors ar  Check if this is community  |   | entire property?  | portion you own?  |
| 14/-4                                  | aft, aircraft, motor home  | s, ATVs and other     | recreational vehicles, other ve   | hicles, and access                          | sories  |   |
| Examples No Yes  4.1 Make              | se   | ersonal watercraft, f | who has an interest in the prone.   | torcycle accessorie                         | Do not deduct secured c   | laims or exemptions. Put ed claims on <i>Schedule D:</i>  |
| Examples No Yes 4.1 Make Mod Year Appr | se   | ersonal watercraft, f | Who has an interest in the pr   | operty? Check                               | Do not deduct secured c   | •   |
| Examples No Yes 4.1 Make Mod Year Appr | del: | ersonal watercraft, f | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community | operty? Check  and another  y property (see | Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property?  Do not deduct secured of the amount of any secure | ed claims on Schedule D:<br>aims Secured by Property.  Current value of the   |

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| D        | ebtor 1                 |                 | E.   | Johnson                        | Case number (if known)         |  |
|----------|-------------------------|-----------------|--|--------------------------------|--------------------------------|--|
|          |                         | First Name      | Middle Name  | Last Name                      |                                |  |
| Pa       | art 3:                  | Describe \      | Your Personal and Househo  | ld Items                       |                                |  |
| D        | o you                   | own or h        | ave any legal or equitable ir  | nterest in any of the fo       | ollowing items?                | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 6        | . Hous                  | ehold goods     | s and furnishings  |                                |                                |  |
|          | Examp                   | les: Major app  | oliances, furniture, linens, china, kitche   | nware                          |                                |  |
|          | No                      |                 |  |                                |                                |  |
| <b>✓</b> | Yes. D                  | Describe        | Used Furniture   |                                |                                | \$500.00   |
|          |                         |                 | s and radios; audio, video, stereo, and  | d digital equipment; computers | s, printers, scanners; music   |  |
| 닏        | No -                    |                 |  |                                |                                |  |
| ✓        | Yes. L                  | Describe        | TV, Computer, Note 4 Phone   |                                |                                | \$750.00   |
|          | Examp                   | •               | lue<br>and figurines; paintings, prints, or othe<br>pin, or baseball card collections; other     | •                              | •                              |  |
| 烂        | No T                    | N               |  |                                |                                |  |
| Ш        | Yes. L                  | Describe        |  |                                |                                |  |
|          |                         | les: Sports, pl | orts and hobbies notographic, exercise, and other hobby ks; carpentry tools; musical instruments |                                | oles, golf clubs, skis; canoes |  |
| ✓        | No                      |                 |  |                                |                                |  |
|          | Yes. D                  | Describe        |  |                                |                                |  |
|          | No                      |                 | iles, shotguns, ammunition, and relate   | d equipment                    |                                | ] <del></del>  |
|          | 1. Clot<br>Examp        |                 | clothes, furs, leather coats, designer v   | vear, shoes, accessories       |                                | _  |
|          | No                      |                 |  |                                |                                |  |
| ✓        | Yes. D                  | Describe        | Misc. Clothing   |                                |                                | \$350.00   |
|          | <b>2. Jewe</b><br>Examp |                 | jewelry, costume jewelry, engagement<br>er   | rings, wedding rings, heirloon | n jewelry, watches, gems,      | J  |
| H        |                         | Describe        |  |                                |                                | 7  |
|          | 3. Non                  | -farm anima     | is<br>ts, birds, horses  |                                |                                |  |
| ✓        | No                      |                 |  |                                |                                |  |
|          | Yes. D                  | Describe        |  |                                |                                |  |
| 1        | 4. Any                  | other person    | nal and household items you did no   | ot already list, including any | y health aids you did not list |  |
|          | No                      | -               | -  | - ,                            | -                              |  |
|          |                         | Describe        |  |                                |                                |  |
| 1        | 5. Add                  | the dollar va   | alue of all of your entries from Part  | 3, including any entries for   | pages you have attached        | \$1600.00  |
|          |                         |                 | number here  |                                |                                | \$1600.00  |

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| Der  | First Name                                    | Middle Name   | Last Name   | )  |
|------|---|---|---|--|
| Part |   | Financial Assets  | Last Name   |  |
|      |   |   | erest in any of the following?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|      | ✓ No  | ve in your wallet, in your home, in a                             | safe deposit box, and on hand when you file your petition  Cash:  |  |
| 17.  |   |   | ; certificates of deposit; shares in credit unions, brokerage bunts with the same institution, list each. |  |
|      | ✓ Yes   |   | Institution name:   |  |
|      |   | 17.1. Checking account:   | Chase   | \$1700.00  |
|      |   | 17.2. Checking account:   | Northside L Federal Credit Union  | \$130.00   |
|      |   | 17.3. Savings account:  | Chase   | \$150.00   |
|      |   | 17.4. Savings account:  | Illiana Credit Union  | \$0.00   |
|      |   | 17.5. Certificates of deposit:                                    |   |  |
|      |   | 17.6. Other financial account:                                    |   |  |
|      |   | 17.7. Other financial account:                                    |   |  |
|      |   | 17.8. Other financial account:                                    |   |  |
|      |   | 17.9. Other financial account:                                    |   |  |
| 18.  |   | s, or publicly traded stocks<br>investment accounts with brokerag | o firmo, monou market accounts  |  |
|      | No  | invesiment accounts with brokerag                                 | e lims, money market accounts   |  |
|      | Yes   | Institution or issuer name:                                       |   |  |
|      |   |   |   |  |
|      |   |   |   |  |
| 19.  | Non-publicly traded s<br>an LLC, partnership, |   | nted and unincorporated businesses, including an in   | terest in  |
|      | Yes. Give specific information about them     | Name of entity  | % of ownership:   |  |
|      |   |   |   |  |
|      |   |   |   |  |

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| Deb | tor 1      | Danny                                | E.  | Johnson                      | Case number (if known)                   |  |
|-----|------------|--------------------------------------|---|------------------------------|--|--|
|     |            | First Name                           | Middle Name   | Last Name                    |  |  |
| 20. | Neg<br>Non | otiable instruments ir               | prate bonds and other negotian actude personal checks, cashiers' nts are those you cannot transfer Issuer name: | checks, promissory note      | s, and money orders.                     |  |
| 21. | Exa        |                                      |   | , thrift savings accounts,   | or other pension or profit-sharing plans |  |
|     |            | No<br>Yes. List each<br>account      | Type of account:  | Institution name:            |  |  |
|     |            | separately.                          | 401(k) or similar plan:   |                              |  |  |
|     |            |                                      | Pension plan:   |                              |  |  |
|     |            |                                      | IRA:  |                              |  |  |
|     |            |                                      | Retirement account:   |                              |  |  |
|     |            |                                      | Keogh:  |                              |  |  |
|     |            |                                      | Additional account:   |                              |  |  |
|     |            |                                      | Additional account:   |                              |  |  |
| 22. | You<br>Exa |                                      | orepayments<br>leposits you have made so that yo<br>vith landlords, prepaid rent, public                        |                              |  |  |
|     |            | Yes                                  | Electric:   |                              |  |  |
|     |            |                                      | Gas:  |                              |  |  |
|     |            |                                      | Heating oil:  |                              |  |  |
|     |            |                                      | Security deposit on rental unit:  |                              |  |  |
|     |            |                                      | Prepaid rent:   |                              |  |  |
|     |            |                                      | Telephone:  |                              |  |  |
|     |            |                                      | Water:  |                              |  |  |
|     |            |                                      | Rented furniture:   |                              |  |  |
|     |            |                                      | Other:  |                              |  |  |
| 23. |            | nuities (A contract for<br>No<br>Yes | a periodic payment of money to y Issuer name and description:   | ou, either for life or for a | number of years)                         |  |
|     |            |                                      |   |                              |  |  |
|     |            |                                      |   |                              |  |  |

Official Form 106A/B Schedule A/B: Property page 6

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| Debt | or 1 Danny First Name  | E. Middle Na   | Johnson<br>me Last Name  | Case number (if known)   |   |
|------|--|--|--|--|---|
| 24.  | Interests in a   |  | unt in a qualified ABLE program, or unde   | er a qualified state tuition program   |   |
|      | ✓ No ☐ Yes   | Institution name and descriptio  | n. Separately file the records of any interests.                                       | .11 U.S.C. § 521(c):   |   |
|      |  |  |  |  |   |
| 25.  | Trusts, equita   | -  | operty (other than anything listed in line   | 1), and rights or powers   |   |
|      | ✓ No  Yes. Desc  | ribe   |  |  |   |
| 26.  |  |  | crets, and other intellectual property<br>proceeds from royalties and licensing agreem | nents  |   |
|      | ✓ No  Yes. Desc  | ribe   |  |  | ]   |
| 27.  |  | nchises, and other general in  |  |  |   |
|      | ✓ No   |  | es, cooperative association holdings, liquor lic                                       | censes, professional licenses  | 7   |
|      | Yes. Desc  |  |  |  |   |
| Mor  | ney or prope   | erty owed to you?  |  |  | Current value of the  |
|      |  |  |  |  | portion you own? Do not deduct secured claims or exemptions.                              |
| 28.  | Tax refunds ov   | wed to you   |  |  | portion you own? Do not deduct secured  |
| 28.  | <b>✓</b> No  |  |  |  | portion you own?  Do not deduct secured claims or exemptions.                             |
| 28.  | ✓ No  Yes. Give s  | specific information   |  | Federal:   | portion you own? Do not deduct secured  |
| 28.  | ✓ No  Yes. Give s about you a  | specific information<br>them, including whether<br>lready filed the returns  |  | Federal:<br>State:   | portion you own?  Do not deduct secured claims or exemptions.                             |
| 28.  | ✓ No  Yes. Give s about you a  | specific information<br>them, including whether  |  |  | portion you own?  Do not deduct secured claims or exemptions.  \$0.00                     |
|      | Yes. Give s about you a and the Family suppor  | specific information<br>them, including whether<br>lready filed the returns<br>ne tax years  | usal support, child support, maintenance, divo   | State: Local:  | portion you own?  Do not deduct secured claims or exemptions.  \$0.00                     |
|      | Yes. Give s about you a and the Family suppor Examples: Past   | pecific information them, including whether lready filed the returns he tax years  t due or lump sum alimony, spou                       | usal support, child support, maintenance, divo   | State: Local:  cree settlement, property settlement                                    | portion you own?  Do not deduct secured claims or exemptions.  \$0.00                     |
|      | Yes. Give s about you a and the Family suppor Examples: Past   | specific information<br>them, including whether<br>lready filed the returns<br>ne tax years  | usal support, child support, maintenance, divo   | State: Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 \$0.00 |
|      | Yes. Give s about you a and the Family suppor Examples: Past   | pecific information them, including whether lready filed the returns he tax years  t due or lump sum alimony, spou                       | usal support, child support, maintenance, divo   | State: Local:  Alimony: Maintenance:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 \$0.00 |
|      | Yes. Give s about you a and the Family suppor Examples: Past   | pecific information them, including whether lready filed the returns he tax years  t due or lump sum alimony, spou                       | usal support, child support, maintenance, divo   | State: Local:  Alimony: Maintenance: Support:  | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   |
|      | Yes. Give s about you a and the Family suppor Examples: Past   | pecific information them, including whether lready filed the returns he tax years  t due or lump sum alimony, spou                       | usal support, child support, maintenance, divo   | State: Local:  Alimony: Maintenance: Support: Divorce settlement:                      | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00                                   |
| 29.  | ✓ No  Yes. Give s about you a and the support Examples: Past ✓ No  Yes. Give s                                       | specific information them, including whether lready filed the returns ne tax years  t due or lump sum alimony, spou                      | usal support, child support, maintenance, divo   | State: Local:  Alimony: Maintenance: Support:  | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   |
| 29.  | ✓ No  Yes. Give s about you a and the Family support Examples: Past ✓ No ✓ Yes. Give s  Other amounts Examples: Unpa | specific information them, including whether lready filed the returns ne tax years  t due or lump sum alimony, spou                      | payments, disability benefits, sick pay, vacatio                                       | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00                                   |
| 29.  | ✓ No  Yes. Give s about you a and the Family support Examples: Past ✓ No ✓ Yes. Give s  Other amounts Examples: Unpa | specific information them, including whether lready filed the returns ne tax years  t due or lump sum alimony, spou specific information | payments, disability benefits, sick pay, vacatio                                       | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00                                   |

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| Deb  | tor 1 Danny  | E.                             | Johnson   | Case number (if known)                           |  |
|------|--|--------------------------------|---|--|--|
|      | First Name   | Middle Name                    | Last Name   |  |  |
| 31.  | Interests in insurance p<br>Examples: Health, disabili   |                                | savings account (HSA); credit, ho                             | omeowner's, or renter's insurance                |  |
|      | Yes. Name the insura of each policy and list   | nce company                    | Company name:   | Beneficiary:                                     | Surrender or refund value:   |
| 32.  | Any interest in property If you are the beneficiary of property because someon  No Yes. Describe | of a living trust, expect prod | meone who has died<br>ceeds from a life insurance policy, o   | or are currently entitled to receive             |  |
| 33.  |  |                                | I have filed a lawsuit or made a nce claims, or rights to sue | demand for payment                               |  |
| 34.  | Other contingent and u to set off claims  No Yes. Describe                                       | unliquidated claims of ev      | very nature, including counterc                               | laims of the debtor and rights                   |  |
| 35.  | Any financial assets you   | u did not already list         |   |  |  |
|      | ✓ No  Yes. Describe  |                                |   |  |  |
| 36.  |  | -                              | Part 4, including any entries for                             |  | \$1980.00  |
| Part |  |                                | • •   | n Interest In. List any real estate              | in Part 1.   |
| 37.  | טס you own or have an  | y legal or equitable inter     | est in any business-related prop                              |  |  |
|      | No. Go to Part 6. Yes. Go to line 38.  |                                |   | po<br>D  | urrent value of the ortion you own? o not deduct secured claims exemptions |
| 38.  | Accounts receivable or   | commissions you alread         | ly earned   |  |  |
|      | Yes. Describe  |                                |   |  |  |
| 39.  | Office equipment, furni<br>Examples: Business-relat  |                                | nodems, printers, copiers, fax mach                           | nines, rugs, telephones, desks, chairs, electron | nic devices  |
|      | Yes. Describe  |                                |   |  |  |

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| Deb   | tor 1        | Danny                                | E.                                 | Johnson                                     | Case number (if known)           |                                       |
|-------|--------------|--------------------------------------|------------------------------------|---|----------------------------------|---------------------------------------|
| 40.   | Mər          | First Name                           | Middle Name                        | Last Name<br>e in business, and tools of yo | ur trade                         |                                       |
| 40.   |              | No                                   | uipineiii, supplies you us         | e iii busiiiess, and tools of yo            | ui traue                         |                                       |
|       |              | Yes. Describe                        |                                    |   |                                  |                                       |
|       | ш            | roo. Booonibo                        |                                    |   |                                  |                                       |
| 11    | lnv/         | entory                               |                                    |   |                                  |                                       |
| 41.   |              | -                                    |                                    |   |                                  |                                       |
|       | 넴            | No<br>Yes. Describe                  |                                    |   |                                  |                                       |
|       | ш            | res. Describe                        |                                    |   |                                  |                                       |
| 40    | -<br>Into    |                                      | ing or injust ventures             |   |                                  |                                       |
| 42.   | ✓            |                                      | ips or joint ventures              |   |                                  |                                       |
|       |              |                                      | N                                  | ame of entity:                              | % of ownership:                  |                                       |
|       | Ш            | Yes. Give specific information about |                                    |   |                                  |                                       |
|       |              | them                                 | _                                  |   |                                  |                                       |
|       |              |                                      | _                                  |   | <del></del>                      | -                                     |
| 43 (  | Custo        | omer lists, mailing                  | lists, or other compilation        | ns  |                                  |                                       |
| 10. ( | _            | No                                   | note, or other compliance          |   |                                  |                                       |
|       | H            |                                      | clude personally identifiable      | information (as defined in 11 U.S           | S.C. § 101(41A))?                |                                       |
|       |              | <u>_</u>                             | p                                  | (   |                                  |                                       |
|       |              | No Yes. Descr                        | ibo                                |   |                                  |                                       |
|       |              | res. Desci                           | ibe                                |   |                                  |                                       |
| 44.   | Any          | business-related p                   | property you did not alread        | ly list                                     |                                  |                                       |
|       | $\checkmark$ | No                                   |                                    |   |                                  |                                       |
|       | Ш            | Yes. Give specific information       |                                    |   |                                  |                                       |
|       |              | inionnation                          | <del>-</del>                       |   |                                  |                                       |
|       |              |                                      | <del>-</del>                       |   |                                  |                                       |
|       |              |                                      | _                                  |   |                                  |                                       |
|       |              |                                      | _                                  |   |                                  |                                       |
|       |              |                                      | _                                  |   |                                  |                                       |
| 45 4  |              | ha dallan salas af a                 | II - 6                             | . E. Joseph allows and a supplier for a     |                                  |                                       |
|       |              |                                      | -                                  | t 5, including any entries for p            |                                  |                                       |
| Dow   |              | Describe Any F                       | arm- and Commercia                 | al Fishing-Related Prope                    | erty You Own or Have an Interest | ln.                                   |
| Part  | ю:           | If you own or have ar                | n interest in farmland, list it in | Part 1.                                     | mily rou our or mare an interest |                                       |
| 46.   | Do           | you own or have a                    | ny legal or equitable inter        | est in any farm- or commercia               | I fishing-related property?      |                                       |
|       | <b>✓</b>     | No. Go to Part 7.                    |                                    |   |                                  | Current value of the portion you own? |
|       |              | Yes. Go to line 47.                  |                                    |   |                                  | Do not deduct secured                 |
|       |              |                                      |                                    |   |                                  | claims<br>or exemptions               |
| 47.   | Far          | m animals                            |                                    |   |                                  | o. o.cp.lorio                         |
|       |              |                                      | ultry, farm-raised fish            |   |                                  |                                       |
|       | <b>✓</b>     | No                                   |                                    |   |                                  |                                       |
|       |              | Yes. Describe                        |                                    |   |                                  |                                       |
|       |              |                                      |                                    |   |                                  |                                       |

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| Debt         | tor 1      | Danny<br>First Name       | E.                                       | Johnson                     | Case number (if known)         |              |
|--------------|------------|---------------------------|--|-----------------------------|--------------------------------|--------------|
| 40           | 0          | First Name                | Middle Name                              | Last Name                   |                                |              |
| 48.          | _          | ops-either growing o      | narvested                                |                             |                                |              |
|              | $\leq$     |                           |  |                             |                                |              |
|              |            | Yes. Describe             |  |                             |                                |              |
|              |            |                           |  |                             |                                |              |
| 49.          | Fa         | rm and fishing equip      | ment, implements, machinery,             | fixtures, and tools of trad | e                              |              |
|              | <b>✓</b>   | No                        |  |                             |                                |              |
|              | Ē          | Yes. Describe             |  |                             |                                |              |
|              |            |                           |  |                             |                                |              |
| <b>5</b> 0   | <b>-</b> - |                           |  |                             |                                |              |
| 50.          | _          |                           | es, chemicals, and feed                  |                             |                                |              |
|              |            |                           |  |                             |                                |              |
|              | L          | Yes. Describe             |  |                             |                                |              |
|              |            |                           |  |                             |                                |              |
| 51.          | An         | y farm- and commerc       | ial fishing-related property yoι         | ı did not already list      |                                |              |
|              | <b>✓</b>   | No                        |  |                             |                                |              |
|              |            | Yes. Describe             |  |                             |                                |              |
|              |            |                           |  |                             |                                |              |
|              |            |                           |  |                             |                                |              |
|              |            |                           | of your entries from Part 6, incl<br>ere |                             | -                              |              |
| 101 1 6      | uit        | . Write that number in    |  |                             |                                |              |
|              |            |                           |  |                             |                                |              |
| Dort         | 7.         | Dosoribo All Bro          | perty You Own or Have a                  | n Interest in That Vo       | . Did Not List Abovo           |              |
| Part<br>53.  |            |                           | erty of any kind you did not alre        |                             | I DIG NOT LIST ADOVE           |              |
| 55.          |            |                           | country club membership                  | sady list:                  |                                |              |
|              | <b>✓</b>   | l <sub>No</sub>           |  |                             |                                |              |
|              | П          | Yes. Give specific        |  |                             |                                |              |
|              |            | information               |  |                             |                                |              |
|              |            |                           |  |                             |                                |              |
|              |            |                           |  |                             |                                |              |
| 54. A        | dd t       | he dollar value of all    | of your entries from Part 7. Wri         | te that number here         | ·····                          |              |
|              |            |                           |  |                             |                                |              |
|              |            |                           |  |                             |                                |              |
| Part         | 8:         | List the Totals of        | Each Part of this Form                   |                             |                                |              |
|              |            |                           |  |                             |                                | \$87678.00   |
| 55. <b>F</b> | Part       | 1: Total real estate, lir | ne 2                                     |                             | <b>&gt;</b>                    | φονονο       |
| 56. <b>p</b> | oart       | 2 total vehicles, line 5  | <b>;</b>                                 | <b>#4.4000.00</b>           |                                |              |
|              |            |                           | household items, line 15                 | \$14600.00                  | <del></del>                    |              |
|              |            |                           |  | \$1600.00                   |                                |              |
| 58. <b>P</b> | art 4      | 4: Total financial asse   | ts, line 36                              | \$1980.00                   | <u> </u>                       |              |
| 59. <b>F</b> | Part       | 5: Total business-rela    | ated property, line 45                   |                             | <u></u>                        |              |
| 60. <b>F</b> | Part       | 6: Total farm- and fis    | hing-related property, line 52           |                             |                                |              |
| 61. <b>F</b> | art        | 7: Total other proper     | y not listed, line 54                    | <del></del>                 | <del></del>                    |              |
|              |            |                           | dd lines 56 through 61                   |                             | <del>_</del>                   |              |
| ∪∠. I        | old        | i personai property. A    | aa iii 163 oo ii ii dagi 1 0 1           | ···· \$18180.00             | Copy personal property total ▶ | + \$18180.00 |
|              |            |                           |  |                             |                                |              |
| 60 <b>T</b>  | 'otc'      | of all property 0-1       | andula A/D. Add line 55 - line 00        |                             |                                | \$105858.00  |
| 03.10        | otal       | or an property on SC      | nedule A/B. Add line 55 + line 62        |                             |                                | 1            |

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| Fill in this information to identify your case: |                          |                   |                              |  |  |
|---|--------------------------|-------------------|------------------------------|--|--|
| Debtor 1  | Danny<br>First Name      | E.<br>Middle Name | Johnson<br>Last Name         |  |  |
| Debtor 2<br>(Spouse, if filing                  | ) First Name             | Middle Name       | Last Name                    |  |  |
| United States B                                 | ankruptcy Court for the: | Northern          | District of Illinois (State) |  |  |
| Case number (If known)                          |                          |                   | (State)                      |  |  |

#### Official Form 106C

#### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Par      | t 1: Identify the Property You Cla  | im as Exempt  |   |                                    |  |  |  |
|----------|---|---|---|------------------------------------|--|--|--|
| 1.<br>2. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.  ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  ✓ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)  For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |   |   |                                    |  |  |  |
|          | Brief description of the property and line on Schedule A/B that lists this property   | Current value of<br>the portion you<br>own  Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption |  |  |  |
|          | Brief description: Used Furniture Line from Schedule A/B: 06  | \$500.00  | \$500.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |  |  |  |
|          | Brief description:  Misc. Clothing  Line from Schedule A/B:  11   | \$350.00  | \$350.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a)              |  |  |  |
| 3.       | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every)  No  Yes. Did you acquire the property covers  No  Yes  | 3 years after that for ca   |   |                                    |  |  |  |

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Debtor 1 Danny Johnson Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B 735 ILCS 5/12-901 Brief \$87.678.00 **✓** description: 24-35-305-052-0000 100% of fair market value, up to any applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$1,700.00 **V** description: \$1,700.00 Chase 100% of fair market value, up to any Line from applicable statutory limit 17 Schedule A/B: Brief 735 ILCS 5/12-1001(b) \$150.00 **V** description: \$150.00 Chase 100% of fair market value, up to any Line from applicable statutory limit 17 Schedule A/B: 735 ILCS 5/12-1001(c) Brief \$14,600.00 **V** description: \$0 Dodge, Challenger, 2012, 100% of fair market value, up to any 2012 Dodge Challenger applicable statutory limit Line from Schedule A/B: 03 Brief 735 ILCS 5/12-1001(b) \$0.00 **/** description: Illiana Credit Union 100% of fair market value, up to any I ine from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) \$130.00 **✓** description: \$130.00 Northside L Federal 100% of fair market value, up to any **Credit Union** applicable statutory limit Line from Schedule A/B: 17 Brief 735 ILCS 5/12-1001(b) \$750.00 **✓** description: \$750.00 TV, Computer, Note 4 100% of fair market value, up to any Phone applicable statutory limit Line from Schedule A/B: 07

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| Fill in | this inform            | ation to identify your case:              |                                    |   |                                   |                     |                                      |
|---------|------------------------|---|------------------------------------|---|-----------------------------------|---------------------|--------------------------------------|
| Debt    | or 1                   | Danny                                     | E.                                 | Johnson   |                                   |                     |                                      |
| DCD     | 01 1                   | First Name                                | Middle Name                        | Last Name   |                                   |                     |                                      |
| Debt    |                        | \ <u></u>                                 |                                    | _   |                                   |                     |                                      |
| (Spot   | use, if filing)        | First Name                                | Middle Name                        | Last Name   |                                   |                     |                                      |
| Unite   | d States Ba            | ankruptcy Court for the:                  | Northern                           | District of Illinois  |                                   |                     |                                      |
| Case    | number                 |   |                                    | (State)   |                                   |                     |                                      |
| (If kno | own)                   |   |                                    | _   |                                   | _                   |                                      |
| Off     | icial F                | Form 106D                                 |                                    |   |                                   |                     | Check if this is a<br>amended filing |
| Sc      | hedu                   | le D: Credite                             | ors Who Hay                        | e Claims Secur  | ed by Pro                         |                     | 12/1                                 |
|         |                        |   |                                    | re filing together, both are equal                            |                                   |                     |                                      |
|         |                        |   |                                    | entries, and attach it to this form                           |                                   |                     |                                      |
| and c   | ase numbe              | er (if known).                            |                                    |   |                                   |                     |                                      |
| 1.      | _                      | editors have claims secur                 |                                    |   |                                   |                     |                                      |
|         |                        |   | •                                  | other schedules. You have nothing                             | else to report on this f          | orm.                |                                      |
|         |                        | ill in all of the information b           | elow.                              |   |                                   |                     |                                      |
| Part    | 1: List A              | All Secured Claims                        |                                    |   |                                   |                     |                                      |
| 2.      |                        |   |                                    | d claim, list the creditor separately                         | Column A                          | Column B            | Column C                             |
|         |                        |   | alphabetical order according       | ist the other creditors in Part 2. As to the creditor's name. | Amount of claim Do not deduct the | Value of collateral | Unsecured portion                    |
|         |                        | ,   |                                    |   | value of collateral.              | that supports       | If any                               |
|         |                        |   |                                    |   |                                   | this claim          | ,                                    |
| 2.1     | PENNYM<br>Creditor's I | AC LOAN SERVICES                          | Describe the property th           | at secures the claim:   | \$109,674.00                      | \$87,678.00         | \$21,996.00                          |
|         |                        | ndor Drive                                |                                    |   |                                   |                     |                                      |
|         | Numbe                  | er Street                                 | 3800 W. 135th Street Robi          | oins, Illinois 60472  ne claim is: Check all that apply.      |                                   |                     |                                      |
|         |                        |   | Contingent                         | ,                       |                                   |                     |                                      |
|         | Simi Valle<br>City     | y California 93065 State ZIP Code         | Unliquidated                       |   |                                   |                     |                                      |
|         | ,                      | es the debt? Check one.                   | Disputed                           |   |                                   |                     |                                      |
|         |                        | or 1 only                                 | Nature of lien. Check all t        | hat apply.  |                                   |                     |                                      |
|         |                        | or 2 only<br>or 1 and Debtor 2 only       |                                    | ide (such as mortgage or secured                              |                                   |                     |                                      |
|         |                        | ist one of the debtors and                | car loan)  Statutory lien (such as | s tax lien, mechanic's lien)                                  |                                   |                     |                                      |
|         | anoth                  |   | Judgment lien from a               | ,   |                                   |                     |                                      |
|         | to a c                 | k if this claim relates<br>community debt | Other (including a righ            |   |                                   |                     |                                      |
|         | Date debt<br>incurred  | t was <u>7/1/2014</u>                     | Last 4 digits of account           | number 0160   |                                   |                     |                                      |
| 2.2     | ALLY FIN               | CL  | Luct i digito oi docodini          |   | \$19,899.00                       | \$14,600.00         | \$5,299.00                           |
| <u></u> | Creditor's I           | Name                                      | Describe the property th           | at secures the claim:   | ψ10,000.00                        | Ψ11,000.00          | φο,Ξσσ.σσ                            |
|         | PO Box 9<br>Numbe      |   | 2012 Dodge Charger                 |   |                                   |                     |                                      |
|         |                        |   |                                    | ne claim is: Check all that apply.                            |                                   |                     |                                      |
|         | _                      | e Kentucky 40290                          | Contingent Unliquidated            |   |                                   |                     |                                      |
|         | City<br>Who owe        | State ZIP Code es the debt? Check one.    | Disputed                           |   |                                   |                     |                                      |
|         |                        | or 1 only                                 | Nature of lien. Check all t        | hat annly   |                                   |                     |                                      |
|         | Debto                  | or 2 only                                 | _                                  | inat apply.  Ide (such as mortgage or secured                 |                                   |                     |                                      |
|         | Debto                  | or 1 and Debtor 2 only                    | car loan)                          | ide (Such as mortgage of Secured                              |                                   |                     |                                      |
|         | At lea                 | st one of the debtors and                 | Statutory lien (such as            | s tax lien, mechanic's lien)                                  |                                   |                     |                                      |
|         |                        | k if this claim relates                   | Judgment lien from a               |   |                                   |                     |                                      |
|         |                        | community debt                            | Other (including a righ            | t to offset)  |                                   |                     |                                      |
|         | incurred               | J/1/2017                                  | Last 4 digits of account           | number9924  |                                   |                     |                                      |
|         |                        | Add the dollar value of y number here:    | our entries in Column A            | on this page. Write that                                      | \$129,573.00                      |                     |                                      |

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| Debtor 1 Danny  | E.   | Johnson                    | Case number (if known)   |  |                                   |
|---|--|----------------------------|--|--|-----------------------------------|
| First Name  | Middle Name  | Last Name                  |  |  |                                   |
| Additional Page After listing any entr 2.4, and so forth.   | ies on this page, numbe  | er them beginning with 2.3 | Column A  Amount of claim Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| Cook County Treasurer Creditor's Name 118 N. Clark St. Room 112  Number Street Property Tax  Chicago Illinois 606 City State ZIP Who owes the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 onl At least one of the debtors another Check if this claim relate community debt Check debt was incurred | 3800 W. 135th: As of the date Contingent Unliquidate one. Disputed Nature of lien. An agreem car loan) and Statutory lie es to a Other (inclu- |                            | e: \$87,678.00 ck all that apply.  gage or secured               | \$87,678.00  | \$0.00                            |
| Add the dollar valu   | ue of your entries in Co   | lumn A on this page. Writ  | \$3,000.00 \$3,000.00  | -  |                                   |
| If this is the last pa<br>Write that number   | •  | e dollar value totals from | all pages. \$132,573.00  | _  |                                   |

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| Deptor 1         | Danny                     | E.  | Jonnson   | Case number (if known)  |
|------------------|---------------------------|---|---|---|
|                  | First Name                | Middle Name                                   | Last Name   |   |
| Part 2:          | List Others to Be N       | otified for a Deb                             | t That You Already                                | Listed  |
| agency<br>you ha | is trying to collect from | you for a debt you o<br>or for any of the deb | owe to someone else, lists that you listed in Par | y for a debt that you already listed in Part 1. For example, if a collection st the creditor in Part 1, and then list the collection agency here. Similarly, if rt 1, list the additional creditors here. If you do not have additional s page. |
| 1 Coo            | ok County Clerk           |   |   | On which line in Part 1 did you enter the creditor?  2.3  |
|                  | N Clark St Fl 4           |   |   | Last 4 digits of account number   |
| Num              | nber Street               |   |   |   |
| Chic<br>City     | 0 -                       | Illinois<br>State                             | 60602<br>Zin Code                                 |   |
| ( JIV            |                           | Siale   | 710 COOE  |   |

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| Fill i                                | n this inform  | ation to identify your case   | e:  |  |  |  |   |   |
|---------------------------------------|--|---|---|--|--|--|---|---|
| Deb                                   | otor 1   | Danny   | E.  | Johnson  | _  |  |   |   |
|                                       |  | First Name  | Middle Name   | Last Name  |  |  |   |   |
|                                       | otor 2<br>ouse, if filing  | First Name  | Middle Name   | Last Name  | -  |  |   |   |
| Unit                                  | ed States Ba   | ankruptcy Court for the:  | Northern  | District of Illinois (State)   | -  |  |   |   |
|                                       | e number<br>nown)  |   |   | (Class)  | -  |  |   |   |
| Off                                   | icial F  | orm 106E/F  |   |  | <del></del>  | Ch                                       | neck if this is ar                                      | n amended filing                            |
| Sc                                    | hedu   | le E/F: Cre   | ditors Who  | <b>Have Unsecu</b>   | ed Claims  |  |   | 12/15                                       |
| party<br>106A<br>that a<br>entricknow | to any exe /B) and on are listed in es in the bo /n).  | cutory contracts or une<br>Schedule G: Executory<br>Schedule D: Creditors<br>exes on the left. Attach | expired leases that could<br>y Contracts and Unexpire<br>s Who Hold Claims Secu | ors with PRIORITY claims and I result in a claim. Also list exected Leases (Official Form 106G). Irred by Property. If more space o this page. On the top of any and second secon | utory contracts on Sch<br>Do not include any cre<br>is needed, copy the Pa | edule A/B<br>editors witl<br>art you nee | t: Property (O<br>h partially sec<br>ed, fill it out, n | official Form<br>cured claims<br>number the |
| 1.                                    | Do any cre   |   | secured claims against y  |  |  |  |   |   |
| 2.                                    | 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) |   |   |  |  |  |   |   |
|                                       |  |   |   |  |  | Total claim                              | Priority<br>amount                                      | Nonpriority amount                          |

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| Debto  |   | nnson Case number (if known) t Name   |                 |
|--------|---|---|-----------------|
| Part 2 |   |   |                 |
|        |   |   |                 |
| 3.     | Do any creditors have nonpriority unsecured claims against you No. You have nothing to report in this part. Submit this form to the |   |                 |
|        | Yes.  | s court with your other schedules.  |                 |
|        |   | order of the creditor who holds each claim. If a creditor has more the          | an ano priority |
|        |   | claim listed, identify what type of claim it is. Do not list claims already inc |                 |
|        |   | rs in Part 3.lf you have more than four priority unsecured claims fill out th   |                 |
|        | Page of Part 2.   |   |                 |
|        |   |   | Total claim     |
| 4.1    | City of Chicago Parking Nonpriority Creditor's Name   | Last 4 digits of account number   | \$250.00        |
|        | 121 N. LaŠalle St # 107A  | When was the debt incurred?n/a  |                 |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.                    |                 |
|        | -   | Contingent  |                 |
|        | Chicago Illinois 60602 City State Zip Code  | Unliquidated  |                 |
|        | Who incurred the debt? Check one.   | Disputed  |                 |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |                 |
|        | Debtor 2 only   | Student loans   |                 |
|        | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce                    |                 |
|        | At least one of the debtors and another   | that you did not report as priority claims                                      |                 |
|        | Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar                     |                 |
|        | Is the claim subject to offset?   | debts  ✓ Other. Specify  Tickets  |                 |
|        | ✓ No  | • • • • • • • • • • • • • • • • • • •   |                 |
|        | Yes   |   |                 |
| 4.2    | City of Markham Nonpriority Creditor's Name   | Last 4 digits of account number   | \$250.00        |
|        | 16501 Kedzie Ave  | When was the debt incurred?n/a  |                 |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.                    |                 |
|        |   | Contingent  |                 |
|        | Markham Illinois 60428 City State Zip Code  | Unliquidated  |                 |
|        | Who incurred the debt? Check one.   | Disputed  |                 |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |                 |
|        | Debtor 2 only   | Student loans   |                 |
|        | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce                    |                 |
|        | At least one of the debtors and another   | that you did not report as priority claims                                      |                 |
|        | Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar                     |                 |
|        | Is the claim subject to offset?   | debts  ✓ Other. Specify Tickets   |                 |
|        | No  | <u> </u>  |                 |
|        | Yes   |   |                 |
| 4.3    | ComEd Nonpriority Creditor's Name   | Last 4 digits of account number   | \$500.00        |
|        | 3 Lincoln Čenter  | When was the debt incurred?n/a  |                 |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.                    |                 |
|        | Bankruptcy Section  | Contingent  |                 |
|        | Oakbrook Terrace     Illinois     60181       City     State     Zip Code   | Unliquidated  |                 |
|        | Who incurred the debt? Check one.   | Disputed  |                 |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |                 |
|        | Debtor 2 only   | Student loans   |                 |
|        | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce                    |                 |
|        | At least one of the debtors and another   | that you did not report as priority claims                                      |                 |
|        | Check if this claim relates to a community debt   | Debts to pension or profit-sharing plans, and other similar debts               |                 |
|        | Is the claim subject to offset?   | ✓ Other. Specify Electric   |                 |
|        | ✓ No  |   |                 |
|        | Yes   |   |                 |

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| Debto  |   | ohnson Case number (if known)   |             |
|--------|---|---|-------------|
|        | First Name Middle Name La   | ast Name  |             |
| Part 2 | Your NONPRIORITY Unsecured Claims - Contin                          | nuation Page  |             |
|        | After listing any entries on this page, number them beginnin        | g with 4.5, followed by 4.6, and so forth.  | Total claim |
| 4.4    | CONVERGENT OUTSOURCING Nonpriority Creditor's Name                  | Last 4 digits of account number0205   | \$260.00    |
|        | Po Box 9004<br>Number Street  | When was the debt incurred? 6/1/2016  |             |
|        |   | As of the date you file, the claim is: Check all that apply.  |             |
|        |   | Contingent  |             |
|        | Renton Washington 98057 City State Zip Code                         | Unliquidated  |             |
|        | Who incurred the debt? Check one.                                   | Disputed  |             |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only   | Student loans   |             |
|        | Debtor 1 and Debtor 2 only  At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                         |             |
|        | Check if this claim relates to a community debt                     | Debts to pension or profit-sharing plans, and other similar   |             |
|        | Is the claim subject to offset?                                     | debts   |             |
|        | ✓ No  | ✓ 001 Collection; Collecting for ORIGINAL CREDITOR:   |             |
|        | Yes   | Other. SpecifyCOMCAST   |             |
| 4.5    | ENHANCED RECOVERY CO L  | Last 4 digits of account number 6278  | \$2,755.00  |
|        | Nonpriority Creditor's Name<br>8014 BAYBERRY RD                     | When was the debt incurred? 6/1/2016  |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        |   |   |             |
|        | JACKSONVILLE Florida 32256  | Contingent  |             |
|        | City State Zip Code   | Unliquidated  |             |
|        | Who incurred the debt? Check one.  Debtor 1 only                    | Disputed  |             |
|        | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 1 and Debtor 2 only  | Student loans   |             |
|        | At least one of the debtors and another                             | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
|        | Check if this claim relates to a community debt                     | Debts to pension or profit-sharing plans, and other similar debts   |             |
|        | Is the claim subject to offset?                                     | 001 Collection; Collecting for  |             |
|        | ✓ No  | Other. Specify ORIGINAL CREDITOR: ĂT T  |             |
|        | Yes   |   |             |
| 4.6    | FRANKLIN COLLECTION SV<br>Nonpriority Creditor's Name               | Last 4 digits of account number 7392  | \$569.00    |
|        | 2978 W Jackson St   | When was the debt incurred? 7/1/2016  |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        | Tupelo Mississippi 38801  | Contingent  |             |
|        | City State Zip Code   | Unliquidated  |             |
|        | Who incurred the debt? Check one.  Debtor 1 only                    | ☐ Disputed  |             |
|        | Debtor 1 only  Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 1 and Debtor 2 only  | Student loans   |             |
|        | At least one of the debtors and another                             | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                         |             |
|        | Check if this claim relates to a community debt                     | Debts to pension or profit-sharing plans, and other similar debts   |             |
|        | Is the claim subject to offset?                                     | ✓ 001 Collection; Collecting for  |             |
|        | ✓ No  | Other. Specify ORIGINAL CREDITOR: AT T  |             |

Yes

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| Debto  |  | Johnson Case number (if known)  |             |
|--------|--|---|-------------|
|        | First Name Middle Name                                     | Last Name   |             |
| Part 2 | Your NONPRIORITY Unsecured Claims - Con                    | tinuation Page  |             |
|        | After listing any entries on this page, number them beginn | ning with 4.5, followed by 4.6, and so forth.   | Total claim |
| 4.7    | ILLIANA FINANCIAL CRED                                     | — Last 4 digits of account number 8146  | \$8,335.00  |
|        | Nonpriority Creditor's Name<br>1600 HUNTINGTON DR          | When was the debt incurred? 7/1/2014  |             |
|        | Number Street  |   |             |
|        |  | As of the date you file, the claim is: Check all that apply.  |             |
|        | CALUMET CITY Illinois 60409                                | Contingent  |             |
|        | City State Zip Code  | Unliquidated  |             |
|        | Who incurred the debt? Check one.  Debtor 1 only           | Disputed  |             |
|        | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 1 and Debtor 2 only                                 | Student loans   |             |
|        | At least one of the debtors and another                    | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Is the claim subject to offset?                            | Other. Specify 053 InstallmentLoan  |             |
|        | V No □   |   |             |
|        | Yes  |   |             |
| 4.8    | ILLIANAFINCU Nonpriority Creditor's Name                   | Last 4 digits of account number2604   | \$1,950.00  |
|        | 1600 Huntington Drive                                      | When was the debt incurred? 7/1/2014  |             |
|        | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|        |  | Contingent  |             |
|        | Calumet City Illinois 60409 City State Zip Code            | Unliquidated  |             |
|        | Who incurred the debt? Check one.                          | Disputed  |             |
|        | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only  | Student loans   |             |
|        | Debtor 1 and Debtor 2 only                                 | Obligations arising out of a separation agreement or divorce  |             |
|        | At least one of the debtors and another                    | that you did not report as priority claims  |             |
|        | Check if this claim relates to a community debt            | <ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>                   |             |
|        | Is the claim subject to offset?                            | Other. Specify CreditCard   |             |
|        | ✓ No   | _   |             |
|        | Yes  |   |             |
| 4.9    | Nicor Gas Nonpriority Creditor's Name                      | Last 4 digits of account number   | \$70.00     |
|        | 90 N. Finley Road  | When was the debt incurred?n/a  |             |
|        | Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|        |  | Contingent  |             |
|        | Glen Ellyn Illinois 60137                                  | Unliquidated  |             |
|        | City State Zip Code  | Disputed  |             |
|        | Who incurred the debt? Check one.  Debtor 1 only           | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only  | Student loans   |             |
|        | Debtor 1 and Debtor 2 only                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | At least one of the debtors and another                    | Debts to pension or profit-sharing plans, and other similar   |             |
|        | Check if this claim relates to a community debt            | debts   |             |
|        | Is the claim subject to offset?                            | Other. Specify Gas  |             |
|        | ✓ No   |   |             |
|        | Yes  |   |             |

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Debtor 1 Danny Johnson Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** NORTH SIDE 4.10 \$6,422.00 Last 4 digits of account number Nonpriority Creditor's Name 1011 W Lawrence Ave When was the debt incurred? 7/1/2014 Number Street As of the date you file, the claim is: Check all that apply. Contingent 60640 Chicago Illinois Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify 057 InstallmentLoan **✓** No Yes PLS - Bankruptcy 4.11 \$2,300.00 Last 4 digits of account number Nonpriority Creditor's Name 800 Jorie Blvd 2nd Floor When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Oak Brook Illinois 60523 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|~**| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? ✓ Other. Specify Loan **✓** No Yes 4.12 **RCVL PER MNG** \$1,083.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 20816 44TH AVE WES When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Washington **LYNNWOOD** Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Collection; Collecting for ORIGINAL CREDITOR: 11 **✓ ✓** No

Yes

Other. Specify

**SPRINT** 

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| Debtor  |  | nson Case number (if known)   |             |  |  |  |
|---------|--|---|-------------|--|--|--|
|         | First Name Middle Name Last  | Name  |             |  |  |  |
| Part 2: | Your NONPRIORITY Unsecured Claims - Continu  | uation Page   |             |  |  |  |
|         | After listing any entries on this page, number them beginning  |   | Total claim |  |  |  |
| 4.13    | SECURITY CREDIT SERVIC  Nonpriority Creditor's Name 2653 W OXFORD LOOP  Number Street  | Last 4 digits of account number 3049 \$1,149.00  When was the debt incurred? 5/1/2016  As of the date you file, the claim is: Check all that apply.   |             |  |  |  |
|         | OXFORD Mississippi 38655 City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes  | Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  ✓  001 Collection; Collecting for ORIGINAL CREDITOR: TEMPOE Other. Specify LLC-KMART 04984 |             |  |  |  |
| 4.14    | Village of Crestwood Nonpriority Creditor's Name 13840 S. Cicero Crestwood Number Street  Midlothian Illinois 60445 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No  Yes | Last 4 digits of account number  When was the debt incurred?  | \$250.00    |  |  |  |

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Johnson Debtor 1 Danny Case number (if known) First Name Add the Amounts for Each Type of Unsecured Claim Part 4: Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 Total claims 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$0.00 **Total claims** 6f. Student loans 6f. from Part 2 \$0.00 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. \$26,143.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$26,143.00 6j. Total. Add lines 6f through 6i. 6 j.

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| Fill in this inforr    | nation to identify your cas   | e:                             |  |  |       |
|------------------------|-------------------------------|--------------------------------|--|--|-------|
| Debtor 1               | Danny                         | E.                             | Johnson                                |  |       |
|                        | First Name                    | Middle Name                    | Last Name                              |  |       |
| Debtor 2               |                               |                                |  |  |       |
| (Spouse, if filing     | g) First Name                 | Middle Name                    | Last Name                              | _  |       |
| United States E        | Bankruptcy Court for the:     | Northern                       | District of Illinois                   |  |       |
|                        |                               |                                | (State)                                |  |       |
| Case number (If known) |                               |                                |  | <u> </u>   |       |
| (II KIIOWII)           |                               |                                |  |  |       |
| Official               | Form 106G                     |                                |  | Check if the amended   |       |
| Schedu                 | le G: Execut                  | ory Contracts                  | s and Unexpire                         | ed Leases  | 12/15 |
|                        | d, copy the additional p      |                                |  | e equally responsible for supplying correct information. It is page. On the top of any additional pages, write your na |       |
| 1. Do you h            | ave any executory             | contracts or unexpir           | red leases?                            |  |       |
| ✓ No. Che              | eck this box and file this fo | orm with the court with your c | other schedules. You have noth         | ning else to report on this form.  |       |
| Yes. Fill              | in all of the information b   | elow even if the contracts or  | r leases are listed on <i>Schedule</i> | e A/B: Property (Official Form 106A/B).  |       |
|                        |                               |                                |  | en state what each contract or lease is for (for example, re   | ent,  |

State what the contract or lease is for

Person or company with whom you have the contract or lease

Official Form 106G

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| Fill in this info            | ormation to identify your c  | ase:   |                              |   |
|------------------------------|--|--|------------------------------|---|
| Debtor 1                     | Danny  | E.   | Johnson                      |   |
|                              | First Name   | Middle Name  | Last Name                    |   |
| Debtor 2                     |  |  |                              |   |
| (Spouse, if fi               | ling) First Name   | Middle Name  | Last Name                    |   |
| United State                 | s Bankruptcy Court for the   | Northern   | District of Illinois         |   |
| Case numbe                   | ar   |  | (State)                      |   |
| (If known)                   |  |  |                              |   |
| Official                     | I Form 106H  |  |                              | Check if this is an amended filing  |
|                              | ule H: Your C  | Codebtors  |                              | 12/15   |
| Yes  2. Within to lidaho, Li | s<br>the last 8 years, have yo<br>ouisiana, Nevada, New Me<br>o. Go to line 3. | you are filing a joint case, do number of the second of th | erty state or territory? (Co | debtor.)  mmunity property states and territories include Arizona, California,  |
|                              | Yes. In which community  | y state or territory did you live?   | Fill in                      | the name and current address of that person.  |
|                              | Name of your spouse  | , former spouse, or legal equiv  | alent                        | _   |
|                              | Number Street  |  |                              | _   |
|                              | City   | State  | Zip Code                     | _   |
| again as<br>Schedu           | s a codebtor only if that<br>le E/F (Official Form 106                         | person is a guarantor or co  | signer. Make sure you hav    | our spouse is filing with you. List the person shown in line 2 e listed the creditor on <i>Schedule D</i> (Official Form 106D), le D, Schedule E/F, or Schedule G to fill out Column 2. |
| Column                       | 1: Your codebtor   |  |                              | Column 2: The creditor to whom you owe the debt   |

Check all schedules that apply:

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|                             |   |                             |                               | 9              |                    |   |
|-----------------------------|---|-----------------------------|-------------------------------|----------------|--------------------|---|
| Fill in this                | information to identif                                  | y your case:                |                               |                |                    |   |
| Debtor 1                    | Danny   | E.                          | Johnson                       |                |                    |   |
|                             | First Name  | Middle Name                 | Last Nam                      | е              | _                  | Object Williams   |
| Debtor 2                    |   |                             |                               |                | _                  | Check if this is:   |
| Spouse, if f                | iling) First Name                                       | Middle Name                 | Last Nam                      | е              |                    | An amended filing   |
| United State                | es Bankruptcy Court for the:                            | Northern                    | District of Illinoi           |                | _                  | A supplement showing post-petition chapter expenses as of the following date: |
| Case numbe                  | er  |                             | (Stati                        | <del>=</del> ) |                    |   |
| If known)                   |   |                             |                               |                |                    | MM / DD / YYYY  |
| Officia                     | l Form 106l   |                             |                               |                |                    |   |
| Sched                       | ule I: Your Ind   | come                        |                               |                |                    | 12  |
| dditional                   |   | ame and case numbe          |                               |                |                    | eet to this form. On the top of any   |
|                             | Fill in your employment                                 |                             | Debtor 1                      |                |                    | Debtor 2  |
| i                           | nformation.   | Employment status           |                               |                |                    | Trusten d   |
| ľ                           | f you have more than one                                | Employment status           | <b>✓</b> Employed             |                |                    | Employed  |
| -                           | ob,   |                             | Not Emplo                     | yed            |                    | ✓ Not Employed  |
|                             | attach a separate page with nformation about additional | Occupation                  |                               |                |                    |   |
|                             | employers.  | Employer's name             | Pace                          |                |                    |   |
| I                           | nclude part time, seasonal,                             | • •                         |                               | uia Dand       |                    |   |
| C                           | or<br>self-employed work.                               | Employer's address          | 550 W Algono<br>Number Street | uin Road       |                    | Number Street   |
|                             | Occupation may include                                  |                             |                               |                |                    | -   |
|                             | student<br>or homemaker, if it applies.                 |                             |                               |                |                    |   |
| ·                           | л потпотпаког, и к аррисс.                              |                             | Arlington<br>Heights          | Illinois       | 60005              | City State Zip Code   |
|                             |   |                             | Heights<br>City               | State          | Zip Code           |   |
|                             |   | How long employed there?    | 3 years 5 mon                 |                | _p                 |   |
| Estimate i                  |   | •                           | ou have nothing to            | report for any | line, write \$0 in | the space. Include your non-filing spouse unless                              |
| you are sep<br>If you or yo |   | ore than one employer, comb | ine the information           | for all employ | ers for that perso | on on the lines below. If you need more space,                                |
|                             | parate sheet to this form.                              | 1.32.7.2                    |                               |                | ebtor 1            | For Debtor 2 or non-filing spouse   |
|                             |   | ry, and commissions (befor  |                               |                | \$5,158.77         | \$0.00  |
|                             | nate and list monthly over                              | , ,                         | je would be.<br>3.            |                | + \$0.00           | + \$0.00  |
| o. Esuli                    | iate and not monthly over                               | une pay.                    | ა.                            |                | - ψυ.υυ            | <del>-</del> ψυ.υυ  |

4. Calculate gross income. Add line 2 + line 3.

\$0.00

\$5,158.77

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| Debio                 | Dailiy   |  | JUIIISUII                        | Case number (           | if known)                         |       |                         |
|-----------------------|--|--|----------------------------------|-------------------------|-----------------------------------|-------|-------------------------|
|                       | First Name   | Middle Name  | Last Name                        | For Debtor 1            | For Debtor 2 or non-filing spouse |       |                         |
| Cop                   | y line 4 here  |  | 4.                               | \$5,158.77              | \$0.00                            |       |                         |
|                       | all payroll deductions:  |  |                                  |                         |                                   |       |                         |
|                       | Tax, Medicare, and Soc   | ial Security deductions  | 5a.                              | \$1,099.02              | \$0.00                            |       |                         |
|                       | Mandatory contribution   | •  | 5b.                              | \$0.00                  | \$0.00                            |       |                         |
| 5c.                   | Voluntary contributions  | s for retirement plans   | 5c.                              | \$206.35                | \$0.00                            |       |                         |
| 5d.                   | Required repayments of   | of retirement fund loans   | 5d.                              | \$0.00                  | \$0.00                            |       |                         |
| 5e.                   | Insurance  |  | 5e.                              | \$151.67                | \$0.00                            |       |                         |
| 5f. I                 | Domestic support oblig   | gations  | 5f.                              | \$0.00                  | \$0.00                            |       |                         |
| 5g.                   | Union dues   |  | 5g.                              | \$66.91                 | \$0.00                            |       |                         |
| 5h.                   | Other deductions. Spec   | cify:  | 5h. +                            | \$0.00 +                | \$0.00                            |       |                         |
| 6. <b>Add</b><br>+5h. | the payroll deductions   | . Add lines 5a + 5b + 5c + 5d + 5e +5f   | + 5g 6.                          | \$1,523.95              | \$0.00                            |       |                         |
| 7. Calc               | culate total monthly take  | e-home pay. Subtract line 6 from line 4  | . 7.                             | \$3,634.82              | \$0.00                            |       |                         |
| 8. <b>List</b>        | all other income regula  | rly received:  |                                  |                         |                                   |       |                         |
|                       | business, profession, o  |  |                                  |                         |                                   |       |                         |
|                       |  | ch property and business showing gros<br>sessary business expenses, and the total  |                                  | \$0.00                  | \$0.00                            |       |                         |
| 8b.                   | Interest and dividends   |  | 8b.                              | \$0.00                  | \$0.00                            |       |                         |
|                       | dependent regularly red<br>Include alimony, spousal s  | support, child support, maintenance,   |                                  | <b>#0.00</b>            | <b>1</b> 0.00                     |       |                         |
|                       | divorce settlement, and pr   | • •  | 8c.                              | \$0.00                  | \$0.00                            |       |                         |
|                       | Unemployment compe   | nsation  | 8d.                              | \$0.00                  | \$0.00                            |       |                         |
|                       | Social Security  |  | 8e.                              | \$0.00                  | \$0.00                            |       |                         |
| <br>                  | Include cash assistance ar<br>assistance that you receive<br>the Supplemental Nutrition<br>subsidies | stance that you regularly receive<br>nd the value (if known) of any non-cash<br>e, such as food stamps (benefits under<br>n Assistance Program) or housing | 04                               | \$0.00                  | \$0.00                            |       |                         |
|                       | Pension or retirement i  |  |                                  | \$0.00                  | \$0.00                            |       |                         |
| Ū                     |  | Specify:   | 8g.<br>8h. +                     | \$0.00 +                |                                   |       |                         |
|                       |  | nes 8a + 8b + 8c + 8d + 8e + 8f +8g + 8  |                                  | \$0.00                  | \$0.00                            |       |                         |
| 9. Auu                | all other income Add in  | ies oa + ob + oc + ou + oe + oi +og + c  | yı. 9. <u>L</u>                  | \$0.00                  | φυ.υυ                             |       | į                       |
|                       | culate monthly income.<br>If the entries in line 10 for  | Add line 7 + line 9.<br>Debtor 1 and Debtor 2 or non-filing spo  | 10                               | \$3,634.82 +            | \$0.00                            | =     | \$3,634.82              |
| Incl<br>rela          | ude contributions from an atives.  | tributions to the expenses that you unmarried partner, members of your ho already included in lines 2-10 or amount:  | usehold, your depe               | ndents, your roommates  | •                                 |       |                         |
| Spe                   | ecify:   |  |                                  |                         |                                   | 11. + | \$0.00                  |
|                       |  | t column of line 10 to the amount in   |                                  |                         |                                   | 12.   | \$3,634.82              |
| VVII                  | to that annount on the <i>Sull</i>   | <sub>मा</sub> नवाषु जा उजाज्यपाटः वाच अवधशाज्या उपागी  | nary or <del>oc</del> riain Elak | omaco ana Neialeu Dala, | ιι τι αργιισο                     |       | Combined monthly income |
| 13. <b>Do</b>         | you expect an increase   | or decrease within the year after yo   | u file this form?                |                         |                                   |       | monany moone            |
|                       | Yes. Explain:  |  |                                  |                         |                                   |       |                         |

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| Fill in this inforn       | nation to identify you                     | ur case:   |                                   |                          |                     |            |
|---------------------------|--|--|-----------------------------------|--------------------------|---------------------|------------|
| Debtor 1                  | Danny                                      | E.   | Johnson                           |                          |                     |            |
| Debior i                  | Danny<br>First Name                        | Middle Name  | Last Name                         |                          |                     |            |
| Debtor 2                  |  |  |                                   | Check if this is:        |                     |            |
| (Spouse, if filing        | First Name                                 | Middle Name  | Last Name                         | An amended filing        | I                   |            |
| United States E           | Bankruptcy Court for                       | the: Northern  | District of Illinois (State)      | A supplement sho         | owing post-petition | chapter 13 |
| Case number               |  |  | (State)                           | expenses as or th        | e following date.   |            |
| (If known)                |  |  |                                   | MM / DD / YYYY           |                     |            |
| Official                  | Form 106                                   | :1   |                                   |                          |                     |            |
|                           |  | <del>_</del>   |                                   |                          |                     |            |
| Schedu                    | le J: Your                                 | Expenses   |                                   |                          |                     | 12/15      |
|                           |  | possible. If two married people are  |                                   |                          |                     |            |
|                           | more space is nee<br>wer every questioi    | eded, attach another sheet to this t<br>n.                                   | form. On the top of any addition  | al pages, write your nar | ne and case num     | nber       |
|                           | cribe Your Hou                             |  |                                   |                          |                     |            |
| 1. Is this a join         |  | isenoid  |                                   |                          |                     |            |
|                           |  |  |                                   |                          |                     |            |
|                           | to line 2                                  |  |                                   |                          |                     |            |
| Yes. Do                   | oes Debtor 2 live i                        | n a separate household?  |                                   |                          |                     |            |
|                           | No   |  |                                   |                          |                     |            |
|                           | Yes. Debtor 2 m                            | ust file Official Forms 106J-2, Expens                                       | ses for Separate Household of Deb | otor 2.                  |                     |            |
| 2. Do you hav dependents? | е [  | <b>√</b> No  |                                   |                          |                     |            |
| Do not list Debtor 2.     | ebtor 1 and                                | Yes. Fill out this information for   | Dependent's relationship to       | Dependent's              | Does depende        | nt live    |
|                           |  | each dependent   | Debtor 1 or Debtor 2              | age                      | with you?           |            |
|                           | penses include f people other              | <b>✓</b> No  |                                   |                          |                     |            |
| than                      |  | Yes  |                                   |                          |                     |            |
| yourself and dependents   |  | <del>_</del>   |                                   |                          |                     |            |
|                           |  |  |                                   |                          |                     |            |
| Part 2: Estin             | nate Your Ong                              | oing Monthly Expenses  |                                   |                          |                     |            |
|                           | of a date after the                        | our bankruptcy filing date unless y<br>bankruptcy is filed. If this is a sup |                                   |                          |                     | •          |
| Include expen             | ses paid for with I                        | non-cash government assistance   | if you know the value of          |                          |                     |            |
| such assistan             | ce and have inclu                          | ded it on Schedule I: Your Income  | e (Official Form B 106l.)         |                          | Your                | expenses   |
|                           | or home ownershi<br>r the ground or lot. 4 | ip expenses for your residence. Inc<br>4.                                    | clude first mortgage payments and |                          | 4.                  | \$1,039.00 |
| If not incl               | uded in line 4:                            |  |                                   |                          |                     |            |
| 4a. Real es               | state taxes                                |  |                                   |                          | 4a                  | \$0.00     |
| 4b. Proper                | ty, homeowner's, or                        | renter's insurance   |                                   |                          | 4b                  | \$0.00     |
| 4c. Home r                | maintenance, repair,                       | and upkeep expenses  |                                   |                          | 4c                  | \$0.00     |
| 4d. Homeo                 | owner's association                        | or condominium dues  |                                   |                          | 4d.                 | \$0.00     |

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Debtor 1

Johnson Case number (if known) Danny First Name Middle Name Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$375.00 6a. 6b. Water, sewer, garbage collection \$120.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$190.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$450.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning 9. \$100.00 10. Personal care products and services 10. \$75.00 11. Medical and dental expenses \$15.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$300.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance 15c \$320.00 15d. Other insurance. Specify: \_\_\_ 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20h 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

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| Debtor 1                               |  | E.   | Johnson                      | Case number (if known) |     |            |  |  |  |  |
|--|--|--|------------------------------|------------------------|-----|------------|--|--|--|--|
|  | First Name   | Middle Name  | Last Name                    |                        |     |            |  |  |  |  |
| 21.Other                               | . Specify:   |  |                              |                        | 21  | \$0.00     |  |  |  |  |
|  |  |  |                              |                        |     |            |  |  |  |  |
| 22. Calcu                              | late your monthly ex   | kpenses.   |                              |                        |     | \$2,984.00 |  |  |  |  |
| 22a. A                                 | add lines 4 through 21.  |  |                              |                        |     | \$0.00     |  |  |  |  |
| 22b. C                                 | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |  |                              |                        |     |            |  |  |  |  |
| 22c. A                                 | dd line 22a and 22b. 1   | 22.  |                              |                        |     |            |  |  |  |  |
| 23. Calculate your monthly net income. |  |  |                              |                        |     |            |  |  |  |  |
| 23a. C                                 | Copy line 12 (your com   | bined monthly income) from Sch   | edule I.                     |                        | 23a | \$3,634.82 |  |  |  |  |
| 23b. C                                 | copy your monthly expe   |  | 23b                          | \$2,984.00             |     |            |  |  |  |  |
| 23c. S                                 | Subtract your monthly e  | expenses from your monthly incor                                       | ne.                          |                        |     | \$650.82   |  |  |  |  |
|  | The result is your mon   | thly net income.   |                              |                        | 23c | <u> </u>   |  |  |  |  |
| 24. <b>Do y</b> o                      | ou expect an increas   | e or decrease in your expense  | es within the year after you | ı file this form?      |     |            |  |  |  |  |
|  | •  |  |                              |                        |     |            |  |  |  |  |
|  |  | t to finish paying for your car loar<br>ase or decrease because of a m |                              |                        |     |            |  |  |  |  |
| <b>√</b> 1                             | No   |  |                              |                        |     |            |  |  |  |  |
|  | /o.o.  |  |                              |                        |     |            |  |  |  |  |
| Ш,                                     | ⁄es  |  |                              |                        |     |            |  |  |  |  |
|  | Explain here:  |  |                              |                        |     |            |  |  |  |  |
|  |  |  |                              |                        |     |            |  |  |  |  |
|  |  |  |                              |                        |     |            |  |  |  |  |
|  |  |  |                              |                        |     |            |  |  |  |  |
|  |  |  |                              |                        |     |            |  |  |  |  |
|  |  |  |                              |                        |     |            |  |  |  |  |
|  |  |  |                              |                        |     |            |  |  |  |  |

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| Fill in this information to identify your case: |                          |                   |                              |   |  |  |  |  |
|---|--------------------------|-------------------|------------------------------|---|--|--|--|--|
| Debtor 1  | Danny<br>First Name      | E.<br>Middle Name | Johnson<br>Last Name         |   |  |  |  |  |
| Debtor 2<br>(Spouse, if filing                  | ) First Name             | Middle Name       | Last Name                    | _ |  |  |  |  |
| United States B                                 | ankruptcy Court for the: | Northern          | District of Illinois (State) |   |  |  |  |  |
| Case number<br>(If known)                       |                          |                   | (Ciato)                      |   |  |  |  |  |

### Official Form 106Dec

| Check if this is an |
|---------------------|
| amended filing      |

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t1: Sign Below  |   |  |  |  |  |  |  |  |
|-----|---|---|--|--|--|--|--|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?   |   |  |  |  |  |  |  |  |
|     | ✓ No  |   |  |  |  |  |  |  |  |
|     | Yes. Name of person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |
|     | Under penalty of perjury, I declare that I have read the summary at that they are true and correct. | nd schedules filed with this declaration and  |  |  |  |  |  |  |  |
| ×   | /s/ Danny Johnson   | ×   |  |  |  |  |  |  |  |
|     | Signature of Debtor 1   | Signature of Debtor 2   |  |  |  |  |  |  |  |
|     | Date 9/20/2016  | Date  |  |  |  |  |  |  |  |
|     | MM/DD/YYYY  | MM/DD/YYYY  |  |  |  |  |  |  |  |

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| Fill in | this inforr    | nation to identify your cas   | e:                       |   |                      | Ī                 |                   |  |  |  |  |  |
|---------|----------------|---|--------------------------|---|----------------------|-------------------|-------------------|--|--|--|--|--|
| Debto   | or 1           | Danny   | E.                       | Johnson   |                      |                   |                   |  |  |  |  |  |
| Debit   | וו             | First Name  | Middle N                 |   | ne                   |                   |                   |  |  |  |  |  |
| Debto   |                |   |                          |   |                      |                   |                   |  |  |  |  |  |
| (Spou   | ise, it tiling | g) First Name   | Middle N                 | ame Last Nan  | ne                   |                   |                   |  |  |  |  |  |
| United  | d States E     | Bankruptcy Court for the:   | Northern                 | District of Illino  |                      |                   |                   |  |  |  |  |  |
|         | number         |   |                          | (Sta  | ie)                  |                   |                   |  |  |  |  |  |
| (If kno | wn)            |   |                          |   |                      |                   |                   |  |  |  |  |  |
| Offi    | icial I        | Form 107  |                          |   |                      |                   |                   | Check if this is a<br>amended filing                 |  |  |  |  |
|         |                |   | ial Affaira              | for Individu  | ala Eilina           | for D             | ankruntav         | 40/4   |  |  |  |  |
|         |                |   |                          | for Individu  |                      |                   |                   |  |  |  |  |  |
|         |                |   |                          | people are filing togeth<br>the top of any addition         |                      |                   |                   | correct information. If more<br>(nown). Answer every |  |  |  |  |
| questi  |                | a, attaon a coparate on   |                          | in top or any addition                                      | a pages, mile ye     | ar riamo an       | a oaooao. (       | anomini, ranomon ovony                               |  |  |  |  |
| Part 1  | Give           | Dotails About You   | r Marital Status         | and Where You Liv   | and Boforo           |                   |                   |  |  |  |  |  |
| rait    | Give           | Details About Tou   | Maritai Status           | and where fou Liv   | rea Belole           |                   |                   |  |  |  |  |  |
| 1.      | What is        | your current marital st   | atus?                    |   |                      |                   |                   |  |  |  |  |  |
|         | Ma             | rried   |                          |   |                      |                   |                   |  |  |  |  |  |
|         | ✓ Not          | married   |                          |   |                      |                   |                   |  |  |  |  |  |
| 2.      | During t       | During the last 3 years, have you lived anywhere other than where you live now? |                          |   |                      |                   |                   |  |  |  |  |  |
|         |                | ino last o years, nave ye   | a nvea any where v       | Andr than where you nive                                    |                      |                   |                   |  |  |  |  |  |
|         | No You         | List all of the places you  | lived in the leet 2 year | oro. Do not include where y                                 | rove livro move      |                   |                   |  |  |  |  |  |
|         | res            | . List all of the places you  | lived in the last 3 yea  | ars. Do not include where y                                 | ou live now.         |                   |                   |  |  |  |  |  |
|         | DI             | 4   |                          | Bataa Baktaa 4 Baad   | Dalutar O            |                   |                   | Datas Daktas Olivari                                 |  |  |  |  |
|         | Det            | otor 1:   |                          | Dates Debtor 1 lived there                                  | Debtor 2:            |                   |                   | Dates Debtor 2 lived there                           |  |  |  |  |
|         |                |   |                          |   |                      |                   |                   |  |  |  |  |  |
|         |                |   |                          |   | Same as D            | Debtor 1          |                   | Same as Debtor 1                                     |  |  |  |  |
|         | N              | -h O( t   |                          | From  | Nh Otas et           |                   |                   | From   |  |  |  |  |
|         | Nur            | nber Street   |                          |   | Number Street        | I                 |                   | То   |  |  |  |  |
|         |                |   |                          |   |                      |                   |                   |  |  |  |  |  |
|         | City           | State   | Zip Code                 |   | City                 | State             | Zip Code          |  |  |  |  |  |
|         | Oity           | Cicio   | Zip Code                 |   | Same as D            |                   | Zip codc          | Same as Debtor 1                                     |  |  |  |  |
|         |                |   |                          |   | Carrie as E          | ocotor i          |                   | Carrie as Debior 1                                   |  |  |  |  |
|         | Nur            | nber Street   |                          | From  | Number Street        | <u> </u>          |                   | From   |  |  |  |  |
|         |                | nisor Curou   |                          | То  |                      | •                 |                   | То   |  |  |  |  |
|         |                |   |                          | <del></del>   |                      |                   |                   |  |  |  |  |  |
|         | City           | State   | Zip Code                 |   | City                 | State             | Zip Code          |  |  |  |  |  |
|         |                |   |                          |   | •                    |                   | <del>-</del>      |  |  |  |  |  |
|         |                | •   | -                        | <b>use or legal equivalent i</b><br>Nevada, New Mexico, Pue |                      |                   | - '               | nmunity property states and                          |  |  |  |  |
|         |                | moduc Anzona, Gamonia   | i, idai io, Louisiai la, | vovada, i vevi ivietico, Put                                | TIO INIOU, IEXAS, VV | ası ili iylüri, a | na vviscorisiri.) |  |  |  |  |  |

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

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| Deb    | tor 1                |  | Johnso  |   | number (if known)  |  |  |  |
|--------|----------------------|--|---|---|--|--|--|--|
|        |                      | First Name Middle  | e Name Last Nan   | ne  |  |  |  |  |
| Part   | 2:                   | <b>Explain the Sources of Your</b>   | Income  |   |  |  |  |  |
|        | Fill i               | you have any income from employn<br>n the total amount of income you receiv<br>vities. If you are filing a joint case and yo<br>No<br>Yes. Fill in the details.  | red from all jobs and all busine  | sses, including part-time   |  | ars?   |  |  |
|        |                      |  | Debtor 1  |   | Debtor 2   |  |  |  |
|        |                      |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)                     | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)            |  |  |
|        |                      | rom January 1 of current year until<br>ne date you filed for bankruptcy:   | ✓ Wages,<br>commissions,<br>bonuses, tips<br>☐ Operating a<br>business                              | \$40164.63  | <ul><li>Wages,</li><li>commissions,</li><li>bonuses, tips</li><li>☐ Operating a</li><li>business</li></ul> |  |  |  |
|        |                      | or last calendar year: lanuary 1 to December 31, 2015  YYYY  | Wages, commissions, bonuses, tips Operating a business  | \$50430.00  | Wages, commissions, bonuses, tips Operating a business   |  |  |  |
|        |                      | or the calendar year before that:<br>lanuary 1 to December 31, 2014  | ✓ Wages, commissions, bonuses, tips Operating a business  | \$39669.00  | Wages, commissions, bonuses, tips Operating a business   |  |  |  |
| !<br>! | nclu<br>cene<br>case | you receive any other income during de income regardless of whether that in left payments; pensions; rental income; is and you have income that you received each source and the gross income from No  Yes. Fill in the details. | come is taxable. Examples of<br>nterest; dividends; money colle<br>together, list it only once unde | other income are alimony; chected from lawsuits; royalties r Debtor 1.    | ; and gambling and lottery winni   |  |  |  |
| •      |                      |  | Debtor 1  |   | Debtor 2   |  |  |  |
|        |                      |  | Sources of income<br>Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below.   | Gross income from each source (before deductions and exclusions) |  |  |
|        |                      | From January 1 of current year until<br>he date you filed for bankruptcy:  |   |   |  |  |  |  |
|        |                      | For last calendar year:  January 1 to December 31, 2015  YYYY  | )   |   |  |  |  |  |
|        |                      | For the calendar year before that:  January 1 to December 31, 2014  YYYY   |   |   |  |  |  |  |
|        |                      |  |   |   |  |  |  |  |

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| First Name        |                  | Middle Name   | Last Name                     |   | IIIDei (// khown)                |                         |
|-------------------|------------------|---|-------------------------------|---|----------------------------------|-------------------------|
|                   |                  |   |                               |   |                                  |                         |
| List Cert         | tain Paymer      | nts You Made I                                      | Before You Filed fo           | r Bankruptcy  |                                  |                         |
| e either Deht     | or 1's or Debt   | or 2's debts nrim:                                  | arily consumer debts?         |   |                                  |                         |
| _                 |                  | _   | -                             |   |                                  |                         |
|                   |                  | <b>r Debtor 2 has pr</b> i<br>al, family, or housel |                               | Consumer debts are define   | ed in 11 U.S.C. § 101(8) as "ind | curred by an individual |
| During            | the 90 days be   | efore you filed for ba                              | nkruptcy, did you pay any     | creditor a total of \$6,425* or   | more?                            |                         |
| ☐ No              | o. Go to line 7. |   |                               |   |                                  |                         |
| ☐ Y               | total amour      | nt you paid that cred                               | ditor. Do not include paym    | 25* or more in one or more p<br>ents for domestic support ob<br>s to an attorney for this bankr | oligations, such as              |                         |
| * Subje           | ect to adjustmen | nt on 4/01/19 and e                                 | very 3 years after that for o | cases filed on or after the date  | e of adjustment.                 |                         |
| Yes. <b>Debto</b> | r 1 or Debtor 2  | 2 or both have pri                                  | imarily consumer debts        | <b>5.</b>   |                                  |                         |
| -                 |                  | -   | -                             |   | uro?                             |                         |
| _                 |                  | nore you illed for ba                               | rikrupicy, dia you pay any    | creditor a total of \$600 or mo   | ne:                              |                         |
| ✓ No              | o. Go to line 7. |   |                               |   |                                  |                         |
|                   | that credito     | r. Do not include pa                                |                               | or more and the total amour<br>port obligations, such as chil<br>this bankruptcy case.          |                                  |                         |
|                   |                  |   | Dates of payment              | Total amount paid   | Amount you still owe             | Was this payment for    |
|                   |                  |   |                               |   | _                                | Mortgage                |
| Creditor's 1      | vame             |   |                               |   |                                  | Car                     |
| Number St         | reet             |   |                               |   |                                  | Credit card             |
|                   |                  |   |                               |   |                                  | Loan repayme            |
| City              | State            | Zip Code  |                               |   |                                  | Suppliers or vendors    |
| Oity              | Olaic            | Zip codc  |                               |   |                                  | Other                   |
| One of the of     | \                |   |                               |   | _                                | Mortgage                |
| Creditor's 1      | vame             |   |                               |   |                                  | Car                     |
| Number St         | reet             |   |                               |   |                                  | Credit card             |
|                   |                  |   |                               |   |                                  | Loan repayme            |
| City              | Stata            | Zin Codo  |                               |   |                                  | Suppliers or            |
| City              | State            | Zip Code  |                               |   |                                  | vendors  Other          |
|                   |                  |   |                               | -   |                                  |                         |
| Creditor's 1      | Name             |   |                               |   |                                  | ☐ Mortgage ☐ Car        |
| Number St         | reet             |   |                               |   |                                  | Credit card             |
|                   |                  |   |                               |   |                                  | Loan repayme            |
|                   |                  |   |                               |   |                                  | Suppliers or            |
| City              | State            | Zip Code  |                               |   |                                  | vendors                 |
|                   |                  |   |                               |   |                                  | Other                   |

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| Debto | or 1                 | Danny<br>First Name                      |   | E.<br>Middle Name                       |  | nson<br>Name                                | Case number (if        | known)  |
|-------|----------------------|--|---|---|--|---|------------------------|---|
| <br>( | nsid<br>corp<br>ager | lers include your r<br>orations of which | elatives; any g<br>you are an offi<br>or a business y | general partners;<br>cer, director, per | relatives of any geson in control, or control, | eneral partners; part<br>owner of 20% or mo | re of their voting sec | o was an insider?  u are a general partner;  urities; and any managing  nestic support obligations, |
|       | <b>✓</b>             | No<br>Yes. List all paym                 | ents to an insi                                       | der.                                    | Dates of                                       | Total amount                                | Amount you             | Reason for this payment   |
|       |                      |  |   |   | payment  | paid  | still owe              | Todas Tio Paymon  |
|       |                      | Insider's Name                           |   |   |  |   |                        |   |
|       |                      | Number Street                            |   |   |  |   |                        |   |
|       |                      | City                                     | State   | Zip Code                                |  |   |                        |   |
|       |                      | Insider's Name                           |   |   |  |   |                        |   |
|       |                      | Number Street                            |   |   |  |   |                        |   |
|       |                      | City                                     | State   | Zip Code                                |  |   |                        |   |
| i     | nsid<br>nclu         |  |   |   |  | payments or trans                           | fer any property on    | account of a debt that benefited an   |
| Ī     | ]                    | Yes. List all payme                      | ents that benef                                       | fited an insider.                       | Dates of                                       | Total amount                                | Amountinu              | December this powers  |
|       |                      |  |   |   | Dates of payment                               | Total amount paid                           | Amount you still owe   | Reason for this payment  Include creditor's name  |
|       |                      |  |   |   |  |   |                        | Indiade dicator o hame  |
|       |                      | Insider's Name                           |   |   |  |   |                        |   |
|       |                      | Number Street                            |   |   |  |   |                        |   |
|       | _                    | City                                     | State   | Zip Code                                |  |   |                        |   |
|       |                      | Insider's Name                           |   | ,                                       |  |   |                        |   |
|       |                      | Number Street                            |   |   |  |   |                        |   |
|       |                      | City                                     | State   | Zip Code                                |  |   |                        |   |

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| Debto              |                | Danny<br>First Name                                |                   | E.<br>Middle Name | Johnson<br>Last Name                               | C                     | ase number (if k | nown)    |                |                        |
|--------------------|----------------|--|-------------------|-------------------|--|-----------------------|------------------|----------|----------------|------------------------|
| Part 4             |                |  | Actions. Re       | possession        | s, and Foreclosure                                 | s                     |                  |          |                |                        |
| <b>9. W</b><br>Lis | <b>/ithi</b> i | n 1 year before yo                                 | u filed for bar   | nkruptcy, were y  | ou a party in any lawsuall claims actions, divorce | it, court actio       |                  |          |                | modifications, and     |
| <u>~</u>           | 7 N            | lo<br>es. Fill in the detail                       | s.                |                   |  |                       |                  |          |                |                        |
| _                  |                |  | <b>.</b>          | Nati              | ure of the case                                    | Court or a            | agency           |          | Statu          | s of the case          |
|                    |                | Case title   |                   |                   |  | Court Nam             | 200              |          |                | ending                 |
|                    |                | Case number  |                   | _                 |  | NumberSti             |                  |          |                | On appeal<br>Concluded |
|                    |                |  |                   | _                 |  |                       |                  |          |                |                        |
|                    | -              | Case title   |                   |                   |  | City                  | State            | Zip Code |                | Pending                |
|                    |                |  |                   |                   |  | Court Nam             | ne               |          |                | Pending<br>On appeal   |
|                    |                | Case number  |                   |                   |  | NumberSt              | reet             |          |                | Concluded              |
|                    |                |  |                   |                   |  | City                  | State            | Zip Code |                |                        |
| [                  |                | No. Go to line 11.<br>Yes. Fill in the infor       | mation below.     |                   | Describe the prope                                 | erty                  |                  | Date     |                | Value of the property  |
|                    |                | PLS - Bankruptcy                                   |                   |                   | Garnishment  | Garnishment           |                  |          | 09/02/2016 \$0 |                        |
|                    |                | Creditor's Name  800 Jorie Blvd 2nd  Number Street | l Floor           |                   | Explain what happe                                 | Explain what happened |                  |          |                |                        |
|                    |                | - Street   |                   |                   | Property was rep                                   |                       |                  |          |                |                        |
|                    |                | Oak Brook<br>City                                  | Illinois<br>State | 60523<br>Zip Code | Property was ga                                    |                       | or levied.       |          |                |                        |
|                    |                |  |                   | <u> </u>          | Describe the prope                                 |                       |                  | Date     |                | Value of the property  |
|                    |                | Creditor's Name                                    |                   |                   |  |                       |                  |          |                |                        |
|                    |                | Newber 21  |                   |                   | Explain what happe                                 | ened                  |                  |          |                |                        |
|                    |                | Number Street                                      |                   |                   | Property was re                                    | oossessed.            |                  |          |                |                        |
|                    |                |  |                   |                   | Property was for                                   | eclosed.              |                  |          |                |                        |
|                    |                | City   | State             | Zip Code          | Property was ga                                    |                       | or levied.       |          |                |                        |

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| Debt | or 1     | Danny<br>First Name  | E.<br>Middle Name     | Johnson<br>Last Name        | Case number (if known)          |                          |                     |
|------|----------|--|-----------------------|-----------------------------|---------------------------------|--------------------------|---------------------|
| 11.  |          | hin 90 days before you filed fo<br>ounts or refuse to make a payı  |                       |                             | ank or financial institution, s | et off any amoui         | nts from your       |
|      | <b>✓</b> | No<br>Yes. Fill in the details.                                    |                       |                             |                                 |                          |                     |
|      |          |  |                       | Describe the action the     | e creditor took                 | Date action was taken    | Amount              |
|      |          | Creditor's Name  |                       |                             |                                 |                          |                     |
|      |          | Number Street  |                       | Last 4 digits of account no | umber: XXXX-                    |                          |                     |
|      |          | City State   | Zip Code              |                             |                                 |                          |                     |
|      |          | hin 1 year before you filed for<br>ointed receiver, a custodian, o |                       | of your property in the p   | oossession of an assignee fo    | or the benefit of o      | creditors, a court- |
|      | <b>✓</b> | No<br>Yes  |                       |                             |                                 |                          |                     |
| Part |          | List Certain Gifts and C   |                       |                             |                                 |                          |                     |
| 13.  | Wi       | thin 2 years before you filed fo                                   | or bankruptcy, did yo | ou give any gifts with a to | tal value of more than \$600    | per person?              |                     |
|      |          | Yes. Fill in the details for each                                  |                       |                             |                                 |                          |                     |
|      |          | Gifts with a total value of mo<br>per person                       | ore than \$600        | Describe the gifts          |                                 | Dates you gave the gifts | Value               |
|      |          | Person to Whom You Gave the  | Gift                  |                             |                                 |                          |                     |
|      |          | Number Street  |                       |                             |                                 |                          |                     |
|      |          | City State Person's relationship to you                            | Zip Code              |                             |                                 |                          |                     |
|      |          | Person to Whom You Gave the  | Gift                  |                             |                                 |                          |                     |
|      |          | Number Street  |                       |                             |                                 |                          |                     |
|      |          | City State Person's relationship to you                            | Zip Code              |                             |                                 |                          |                     |

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| Debt | tor 1 | Danny<br>First Name   | E.<br>Middle Name   | Johnson<br>Last Name  | Case number (if known)                         |                      |                        |
|------|-------|---|---------------------|---|--|----------------------|------------------------|
| 14.  | Wit   | hin 2 years before you filed fo<br>No<br>Yes. Fill in the details for each o  |                     | ou give any gifts or contrib  | utions with a total value of                   | more than \$600 t    | o any charity?         |
|      |       | Gifts or contributions to chat total more than \$600  |                     | Describe what you contr   | ibuted   | Date you contributed | Value                  |
|      |       | Charity's Name  |                     |   |  |                      |                        |
|      |       | Number Street   |                     |   |  |                      |                        |
| Part | 6:    | City State  List Certain Losses   | Zip Code            |   |  |                      |                        |
| 15.  |       | hin 1 year before you filed for abling?  No  Yes. Fill in the details.  Describe the property you lo how the loss occurred              |                     | Describe any insurance Include the amount that ins                                | coverage for the loss<br>urance has paid. List | Date of your loss    | Value of property lost |
|      |       |   |                     | pending insurance claims (A/B: Property.  | on line 33 of Schedule                         |                      |                        |
| Part | _     | List Certain Payments o   | - T                 |   |  |                      |                        |
| 16.  | abo   | hin 1 year before you filed for<br>ut seeking bankruptcy or prep<br>ude any attorneys, bankruptcy pe<br>No<br>Yes. Fill in the details. | paring a bankruptcy | y petition? redit counseling agencies for s  Description and value of transferred | ervices required in your bank                  |                      | Amount of payment      |
|      |       | Semrad Law Firm Person Who Was Paid 20 South Clark Street 28th Floor Number Street  | or                  | Attorney's Fee - 350.00   |  | 9/19/2016            | \$350.00               |
|      |       | Chicago Illinois City State   | 60606<br>Zip Code   |   |  |                      |                        |
|      |       | Email or website address  |                     |   |  |                      |                        |
|      |       | Person Who Made the Paymen  | t, if Not You       |   |  |                      |                        |
|      |       | Person Who Was Paid   | _                   |   |  |                      |                        |
|      |       | Number Street   |                     |   |  |                      |                        |
|      |       | City State  | Zip Code            |   |  |                      |                        |
|      |       | Email or website address  |                     |   |  |                      |                        |
|      |       | Person Who Made the Paymen  | t. if Not You       |   |  |                      |                        |

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| Deb | tor 1    | Danny   | E.                    |   | e number (if known)                   |                                    |                                 |
|-----|----------|---|-----------------------|---|---------------------------------------|------------------------------------|---------------------------------|
|     |          | First Name  | Middle Name           | Last Name   |                                       |                                    |                                 |
| 17. | help     | hin 1 year before you filed for you deal with your creditors not include any payment or trans.  No  Yes. Fill in the details. | s or to make payments |   | f pay or transfer a                   | ny property to any                 | one who promised to             |
|     | ш        | res. Fill in the details.   |                       |   |                                       |                                    |                                 |
|     |          |   |                       | Description and value of any prop transferred     | erty                                  |                                    | Amount of payment               |
|     |          | Person Who Was Paid   |                       |   |                                       |                                    |                                 |
|     |          | Number Street   |                       |   |                                       |                                    |                                 |
|     |          | City State  | 7in Code              |   |                                       |                                    |                                 |
|     |          | City State  | Zip Code              |   |                                       |                                    |                                 |
|     |          | ude both outright transfers and sfers that you have already liste No Yes. Fill in the details.                                |                       | rity (such as the granting of a security in       |                                       |                                    | Do not include gifts and        |
|     |          |   |                       | Description and value of any property transferred | Describe any payments red in exchange | property or<br>ceived or debts pai | Date<br>id transfer was<br>made |
|     |          | Person Who Received Trans   | fer                   |   |                                       |                                    |                                 |
|     |          | Number Street   |                       |   |                                       |                                    |                                 |
|     |          | City State<br>Person's relationship to you  | Zip Code              |   |                                       |                                    |                                 |
|     |          | Person Who Received Trans   | fer                   |   |                                       |                                    |                                 |
|     |          | Number Street   |                       |   |                                       |                                    |                                 |
|     |          | City State<br>Person's relationship to you  | Zip Code              |   |                                       |                                    |                                 |
| 19. |          | hin 10 years before you filed<br>ese are often called asset-prote   |                       | ou transfer any property to a self-sett           | led trust or simila                   | r device of which                  | you are a beneficiary?          |
|     | <b>V</b> | No<br>Yes. Fill in the details.   |                       |   |                                       |                                    |                                 |
|     | Ц        | res. Fill III the details.  |                       | Description and value of the prop                 | perty transferred                     |                                    | Date<br>transfer was<br>made    |
|     |          | Name of trust   |                       |   |                                       |                                    |                                 |

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| Debt  | or 1     | Danny<br>First Name  | E.<br>Middle Name    | Johnson<br>Last Name             | Case no            | umber (if known)      |  |  |
|---|----------|--|----------------------|----------------------------------|--------------------|-----------------------|--|--|
| Port  | ٥.       |  |                      |                                  | t Boyes and        | Storago Units         |  |  |
| Part  | 8:       | List Certain Financia  | ai Accounts, ins     | truments, Safe Deposi            | t Boxes, and       | Storage Units         |  |  |
| 20. Within 1 year before you filed for bankruptcy, were any financial accomoved, or transferred?<br>Include checking, savings, money market, or other financial accounts; certi cooperatives, associations, and other financial institutions. |          |  |                      | ancial accounts; certificates of |                    |                       | -  |  |
|   | <b>✓</b> | No<br>Yes. Fill in the details.  |                      |                                  |                    |                       |  |  |
|   |          |  |                      | Last 4 digits of accour number   | t Type of a        | ccount or<br>nt       | Date<br>account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before<br>closing or<br>transfer |
|   |          | Person Who Was Paid  |                      | XXXX-                            | Checl              | _                     |  |  |
|   |          | Number Street  |                      |                                  | Mone               | -                     |  |  |
|   |          | City State   | Zip Code             | -                                |                    |                       |  |  |
|   |          | Person Who Was Paid  |                      | - XXXX-                          | Checl              | 9                     |  |  |
|   |          | Number Street  |                      | •                                | Mone               | y market<br>erage     |  |  |
|   |          | 011  | 77. 0. 1.            |                                  | Other              | =                     |  |  |
|   |          | City State   | Zip Code             |                                  |                    |                       |  |  |
| 21.   |          | you now have, or did you<br>er valuables?<br>No<br>Yes. Fill in the details. | have within 1 year b | efore you filed for bankrup      |                    |                       |  |  |
|   |          |  |                      | Who else had access to           | t?                 | Describe the conte    | ents   | Do you still have it?                            |
|   |          | Name of Financial Instituti  | ion                  | Name                             |                    |                       |  | ☐ No<br>☐ Yes                                    |
|   |          | Number Street  |                      | Number Street                    |                    |                       |  | _  |
|   |          | City State   | Zip Code             | City State                       | Zip Code           |                       |  |  |
| 22.   | Hav      |  |                      | ce other than your home w        | thin 1 year before | e you filed for bankr | uptcy?   |  |
|   | <b>✓</b> | No<br>Yes. Fill in the details.  |                      |                                  |                    |                       |  |  |
|   |          |  |                      | Who else had access to i         | t?                 | Describe the conte    | ents   | Do you still have it?                            |
|   |          | Name of Storage Facility   |                      | Name                             |                    |                       |  | ☐ No<br>☐ Yes                                    |
|   |          | Number Street  |                      | Number Street                    |                    |                       |  | L 103  |
|   |          |  |                      | City State                       | Zip Code           |                       |  |  |
|   |          | City State   | Zip Code             |                                  |                    |                       |  |  |

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| btor 1     |  | Johnson Case number (if known)   |                |
|------------|--|--|----------------|
|            | First Name Middle Name   | Last Name  |                |
| t 9:       | Identify Property You Hold or Cor  | ntrol for Someone Else   |                |
|            |  |  |                |
|            |  | neone else owns? Include any property you borrowed from, are storing for, or hold i  | n trust for    |
| sor        | meone.   |  |                |
| V          | No   |  |                |
| Ħ          | Yes. Fill in the details.  |  |                |
|            | ,  | Where is the property? Describe the contents   | Value          |
|            |  | where is the property:   | value          |
|            | Owner's Name   | Number Street  |                |
|            | CWI CI O I VAITIO  | Number Sirest  |                |
|            | Number Street  | <del>-</del>   |                |
|            |  |  |                |
|            |  | City State Zip Code  |                |
|            |  | _  |                |
|            | City State Zip Code  |  |                |
| 10:        | Give Details About Environments  | al Information   |                |
|            |  |  |                |
| the        | purpose of Part 10, the following definitions app  | ply:   |                |
| - <i>E</i> | Environmental law means any federal, state. or   | r local statute or regulation concerning pollution, contamination, releases of   |                |
|            | •  | erial into the air, land, soil, surface water, groundwater, or other medium,   |                |
| i          | ncluding statutes or regulations controlling the   | cleanup of these substances, wastes, or material.  |                |
| <b>-</b> 5 | Site means any location, facility or property as o   | defined under any environmental law, whether you now own, operate, or utilize it   |                |
|            | or used to own, operate, or utilize it, including o  |  |                |
|            |  |  |                |
| - /        | <i>Hazargous materiai</i> means anvtning an environ  |  |                |
| +          |  | mental law defines as a hazardous waste, hazardous substance,  |                |
| t          | oxic substance, hazardous material, pollutant,   |  |                |
|            | oxic substance, hazardous material, pollutant,   |  |                |
|            | oxic substance, hazardous material, pollutant,   | contaminant, or similar term.  |                |
| port a     | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you   | contaminant, or similar term.  | ,              |
| port a     | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you s any governmental unit notified you that you   | contaminant, or similar term.  know about, regardless of when they occurred.   | ,              |
| oort a     | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you sany governmental unit notified you that you ho   | contaminant, or similar term.  know about, regardless of when they occurred.   | ,              |
| oort a     | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you s any governmental unit notified you that you   | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?   |                |
| oort a     | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you sany governmental unit notified you that you ho   | contaminant, or similar term.  know about, regardless of when they occurred.   | Date of        |
| oort a     | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you sany governmental unit notified you that you ho   | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?   |                |
| ort a      | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you see any governmental unit notified you that you look yes. Fill in the details.  | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Environmental law, if you know it   | Date of        |
| oort a     | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you sany governmental unit notified you that you ho   | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?   | Date of        |
| oort a     | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you see any governmental unit notified you that you look yes. Fill in the details.  | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Environmental law, if you know it   | Date of        |
| ort a      | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you see any governmental unit notified you that yellow long. No Yes. Fill in the details.                                       | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Environmental law, if you know it   | Date of        |
| oort a     | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you see any governmental unit notified you that yellow long. No Yes. Fill in the details.                                       | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Environmental law, if you know it   | Date of        |
| oort a     | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you as any governmental unit notified you that you have a substance.  No Yes. Fill in the details.  Name of site  Number Street | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Governmental unit  Number Street  | Date of        |
| oort a     | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you see any governmental unit notified you that yellow long. No Yes. Fill in the details.                                       | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Governmental unit  Number Street  | Date of        |
| Has        | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you as any governmental unit notified you that you have been been been been been been been be                                   | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Governmental unit  Number Street  City State Zip Code   | Date of        |
| Has        | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you as any governmental unit notified you that you have a substance.  No Yes. Fill in the details.  Name of site  Number Street | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Governmental unit  Number Street  City State Zip Code   | Date of        |
| Has        | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you as any governmental unit notified you that you have been been been been been been been be                                   | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Governmental unit  Number Street  City State Zip Code   | Date of        |
| Has        | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you as any governmental unit notified you that you have been been been been been been been be                                   | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Governmental unit  Number Street  City State Zip Code   | Date of        |
| Has        | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you as any governmental unit notified you that you have been been been been been been been be                                   | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Governmental unit  Number Street  City State Zip Code   | Date of        |
| Has        | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you as any governmental unit notified you that you have been been been been been been been be                                   | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Governmental unit  Number Street  City State Zip Code  any release of hazardous material?   | Date of notice |
| Has        | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you as any governmental unit notified you that you have been been been been been been been be                                   | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Governmental unit  Number Street  City State Zip Code  Interpretation of an environmental law?  Environmental law, if you know it  Environmental law, if you know it  Environmental law, if you know it               | Date of notice |
| Has        | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you as any governmental unit notified you that you have been been been been been been been be                                   | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Governmental unit  Number Street  City State Zip Code  any release of hazardous material?   | Date of notice |
| Has        | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you are any governmental unit notified you that you have been been been been been been been be                                  | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Governmental unit  Number Street  City State Zip Code  Interpretation of an environmental law?  Environmental law, if you know it  Environmental law, if you know it  Environmental law, if you know it               | Date of notice |
| Has        | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you as any governmental unit notified you that you have been been been been been been been be                                   | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Governmental unit  Number Street  City State Zip Code  Interpretation of an environmental law?  Environmental law, if you know it  Environmental law, if you know it  Environmental law, if you know it               | Date of notice |
| Has        | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you are any governmental unit notified you that you have been been been been been been been be                                  | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Governmental unit  Number Street  City State Zip Code  uny release of hazardous material?  Governmental unit  Environmental law, if you know it  Environmental law, if you know it  Environmental law, if you know it | Date of notice |
| Has        | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you are any governmental unit notified you that you have been been been been been been been be                                  | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Governmental unit  Number Street  City State Zip Code  Interpretation of an environmental law?  Environmental law, if you know it  Environmental law, if you know it  Environmental law, if you know it               | Date of notice |
| Has        | oxic substance, hazardous material, pollutant, all notices, releases, and proceedings that you are any governmental unit notified you that you have been been been been been been been be                                  | contaminant, or similar term.  know about, regardless of when they occurred.  you may be liable or potentially liable under or in violation of an environmental law?  Governmental unit  Governmental unit  Number Street  City State Zip Code  uny release of hazardous material?  Governmental unit  Environmental law, if you know it  Environmental law, if you know it  Environmental law, if you know it | Date of notice |

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| Deb  | tor 1    | Danny                 |                 | E.                     | Johnson                         | Case                 | number (if known)                             |               |
|------|----------|-----------------------|-----------------|------------------------|---------------------------------|----------------------|---|---------------|
|      |          | First Name            |                 | Middle Name            | Last Name                       |                      |   |               |
| 26   | Hes      | o vov boon o nout     | , in any ivalia |                        | ativo una cacalina vuador       |                      | l leve a transmitte a children and a relevant | _             |
| 26.  | Hav      | e you been a party    | in any judic    | al or administra       | ative proceeding under          | any environmenta     | al law? Include settlements and order         | S.            |
|      | <b>V</b> | No                    |                 |                        |                                 |                      |   |               |
|      | Ħ        | Yes. Fill in the deta | ils.            |                        |                                 |                      |   |               |
|      | ш        |                       |                 |                        | Court or agoney                 |                      | Nature of the case                            | Status of the |
|      |          |                       |                 |                        | Court or agency                 |                      | Nature of the case                            | case          |
|      |          | Coop title            |                 |                        |                                 |                      |   | Case          |
|      |          | Case title            |                 |                        |                                 |                      |   | Pending       |
|      |          |                       |                 | <u> </u>               | Court Name                      |                      |   |               |
|      |          |                       |                 |                        |                                 |                      |   | On appeal     |
|      |          | Case number           |                 |                        | Number Street                   |                      |   | Concluded     |
|      |          |                       |                 |                        |                                 |                      |   | Concluded     |
|      |          |                       |                 |                        | City State                      | Zip Code             |   |               |
|      |          | <b>1</b>              |                 |                        |                                 |                      |   |               |
| Part | 111:     | Give Details A        | bout Your       | Business or            | Connections to An               | y Business           |   |               |
|      |          |                       |                 |                        |                                 |                      |   |               |
| 27.  | Wit      | hin 4 years before    | you filed for   | bankruptcy, did        | you own a business or           | have any of the fo   | ollowing connections to any business          | \$?           |
|      |          | A sole propriet       | or or salf-amr  | oloved in a trade      | profession, or other activit    | v either full-time o | r nart-time                                   |               |
|      |          |                       |                 | -                      |                                 |                      | part-time                                     |               |
|      |          |                       |                 | ty company (LLC        | ) or limited liability partners | ship (LLP)           |   |               |
|      |          | A partner in a        | partnership     |                        |                                 |                      |   |               |
|      |          | An officer, dire      | ctor, or mana   | ging executive of      | a corporation                   |                      |   |               |
|      |          | An owner of at        | least 5% of t   | he voting or equit     | y securities of a corporation   | n                    |   |               |
|      | _        | _                     |                 |                        | ,                               |                      |   |               |
|      | ✓        | No. None of the abo   |                 |                        |                                 |                      |   |               |
|      |          | Yes. Check all that a | apply above a   | and fill in the detail | s below for each business       |                      |   |               |
|      |          |                       |                 |                        | Describe the natu               | re of the busines    | s Employer Identification n                   | umber Do not  |
|      |          |                       |                 |                        |                                 |                      | include Social Security no                    |               |
|      |          |                       |                 |                        |                                 |                      | EIN:  |               |
|      |          | Business Name         |                 |                        | _                               |                      | EIN:  |               |
|      |          |                       |                 |                        |                                 |                      |   |               |
|      |          | Number Street         |                 |                        | _                               |                      | Dates business existed                        |               |
|      |          |                       |                 |                        | Name of account                 | ant or bookkeepe     | r   |               |
|      |          | City                  | Ctoto           | 7in Codo               | _                               |                      | From To                                       |               |
|      |          | City                  | State           | Zip Code               |                                 |                      |   |               |
|      |          |                       |                 |                        |                                 |                      |   |               |
|      |          |                       |                 |                        |                                 |                      |   |               |
|      |          |                       |                 |                        | Describe the natu               | re of the busines    | s Employer Identification n                   | umber Do not  |
|      |          |                       |                 |                        |                                 |                      | include Social Security no                    |               |
|      |          |                       |                 |                        |                                 |                      | EIN:  |               |
|      |          | Business Name         |                 |                        | _                               |                      | EIN:  |               |
|      |          |                       |                 |                        |                                 |                      |   |               |
|      |          | Number Street         |                 |                        | _                               |                      | Dates business existed                        |               |
|      |          | . tarribor Otroot     |                 |                        | Name of account                 | ant or bookkeepe     | r   |               |
|      |          | 0:1                   | 01.1            | <b>7</b> . 0 .         |                                 |                      | From To                                       |               |
|      |          | City                  | State           | Zip Code               |                                 |                      | 10  |               |
|      |          |                       |                 |                        |                                 |                      |   |               |
|      |          |                       |                 |                        |                                 |                      |   |               |
|      |          |                       |                 |                        | Describe the natu               | ire of the busines   | s Employer Identification n                   | umber Do not  |
|      |          |                       |                 |                        | Describe the natt               | ne or the publics    | include Social Security n                     |               |
|      |          |                       |                 |                        |                                 |                      |   |               |
|      |          | Business Name         |                 |                        | _                               |                      | EIN:  |               |
|      |          | Dusiness Name         |                 |                        |                                 |                      |   |               |
|      |          |                       |                 |                        | _                               |                      | Dates business existed                        |               |
|      |          | Number Street         |                 |                        | Name of account                 | ant or hookkeene     |   |               |
|      |          |                       |                 |                        | Haine of account                | ant or bookkeepe     |   |               |
|      |          | City                  | State           | Zip Code               |                                 |                      | From To                                       |               |
|      |          | -                     |                 | •                      |                                 |                      |   |               |
|      |          |                       |                 |                        |                                 |                      |   |               |
|      |          |                       |                 |                        |                                 |                      |   |               |

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| Debte | or 1  | Danny<br>First Name              | E.<br>Middle Name          | Johnson<br>Last Name             | Case number (if known)  |  |  |  |
|-------|---|----------------------------------|----------------------------|----------------------------------|---|--|--|--|
|       | 8. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |                                  |                            |                                  |   |  |  |  |
|       |   | No<br>Yes. Fill in the details b | pelow.                     |                                  |   |  |  |  |
|       |   |                                  |                            | Date issued                      |   |  |  |  |
|       |   | Name                             |                            | MM/DD/YYYY                       |   |  |  |  |
|       |   | Number Street                    |                            | <u> </u>                         |   |  |  |  |
|       |   | City                             | State Zip Code             |                                  |   |  |  |  |
| Part  | 12:   | Sign Below                       |                            |                                  |   |  |  |  |
| tı    | rue a   | and correct. I underst           | and that making a false st | atement, concealing property     | s, and I declare under penalty of perjury that the answers are or obtaining money or property by fraud in connection with a ars, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |  |  |
|       |   | <b>★</b> /o/ Don                 | nny Johnson                | ,                                | ×   |  |  |  |
|       |   |                                  | of Debtor 1                | <del></del> -                    | Signature of Debtor 2   |  |  |  |
|       |   | Date 9/20                        | 0/2016                     |                                  | Date 9/20/2016  |  |  |  |
| C     | Did y   | ou attach additional լ           | pages to Your Statement o  | of Financial Affairs for Individ | uals Filing for Bankruptcy (Official Form 107)?   |  |  |  |
| Ŀ     | <b>✓</b> N  | lo                               |                            |                                  |   |  |  |  |
|       | Y   | es es                            |                            |                                  |   |  |  |  |
| D     | Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?   |                                  |                            |                                  |   |  |  |  |
| Ŀ     | <b>✓</b> N  | lo                               |                            |                                  |   |  |  |  |
|       | Y   | es. Name of person               |                            |                                  | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)   |  |  |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes:
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total foo          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filling, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$310.00

- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$61.76 for expenses, leaving a balance due for the filing fee of \$310.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:    | 9/19/2016               |                           |
|----------|-------------------------|---------------------------|
| Signed:  | n a                     |                           |
| /s/ Danr | ny Johnson Nanny 9. Jrl | h s (1)                   |
|          |                         | /s/ Megan Holmes War Glus |
| Debtor(  | s)                      | Attorney for Debtor(s)    |

Do not sign if the fee amounts at top of this page are blank.

Local Bankruptcy Form 23c

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B 203 (12/94)

### **UNITED STATES BANKRUPTCY COURT**

|      | Northern  | District of Illinois                             |                            |
|------|---|--|----------------------------|
| n re | Danny E. Johnson ;  | Case No.   |                            |
| -    | Debtor  |  | (If known)                 |
|      |   | Chapter  | Chapter 13                 |
|      | DISCLOSURE OF COMPENSA  | TION OF ATTORNEY FOR                             | DEBTOR                     |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 that compensation paid to me within one year before the services rendered or to be rendered on behalf of the decision is as follows: | ne filing of the petition in bankruptcy, or agre | eed to be paid to me, for  |
|      | For legal services, I have agreed to accept   |  | \$4,000.0                  |
|      | Prior to the filing of this statement I have received   |  | \$350.0                    |
|      | Balance Due   |  | \$3,650.0                  |
| 2.   | The source of the compensation paid to me was:  |  |                            |
|      | <b>✓</b> Debtor Other   | (specify)  |                            |
| 3.   | The source of the compensation paid to me is:   |  |                            |
|      | <b>✓</b> Debtor Other   | (specify)  |                            |
| 4.   | I have not agreed to share the above-disclosed commembers and associates of my law firm.  | mpensation with any other person unless th       | ey are                     |
|      | I have agreed to share the above-disclosed compermembers or associates of my law firm. A copy of the people sharing in the compensation, is attached  | the agreement, together with a list of the na    |                            |
| 5.   | In return for the above-disclosed fee, I have agreed to a. Analysis of the debtor's financial situation, and r bankruptcy;  |  |                            |
|      | b. Preparation and filing of any petition, schedules  | s, statements of affairs and plan which may      | be required;               |
|      | c. Representation of the debtor at the meeting of c   | creditors and confirmation hearing, and any      | adjourned hearings thereof |
|      | d. Representation of the debtor in adversary proce  | eedings and other contested bankruptcy ma        | tters;                     |
| 6.   | By agreement with the debtor(s), the above-disclosed f  | ee does not include the following services:      |                            |
|      |   |  |                            |
|      | CE  | RTIFICATION                                      |                            |
|      | I certify that the foregoing is a complete statement of ar<br>he debtor(s) in this bankruptcy proceedings.  | ny agreement or arrangement for payment t        | o me for representation    |
|      | 9/20/2016   | /s/ Megan Holmes                                 |                            |
|      | Date  | Signature of Attorney                            |                            |
|      |   | Semrad Law Firm                                  |                            |
|      |   | Name of law firm                                 |                            |

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re: _ | Johnson, Danny E. ;                            | Case No                           |  |  |
|----------|--|-----------------------------------|--|--|
|          | Debtor(s)                                      | Chapter.                          | Chapter13                                    |  |
|          | VERIFICATIO                                    | N OF CREDITOR MAT                 | ΓRIX   |  |
|          | The above named Debtors hereby verify that the | attached list of creditors is tru | e and correct to the best of their knowledge |  |
|          |  |                                   |  |  |
| Date:    | 9/20/2016                                      | /s/ Johnson, Da                   | nny E.                                       |  |
|          |  | Johnson, Danny<br>Signature of De |  |  |
|          |  |                                   |  |  |
|          |  | /s/<br>Signature of Jo            | int Debtor                                   |  |

PENNYMAC LOAN SERVICES 6101 Condor Drive Simi Valley , CA 93065 USA

ALLY FINCL PO Box 130424 c/o Clayton Gaspers Roseville , MN 55113 USA

ILLIANA FINANCIAL CRED 1600 HUNTINGTON DR CALUMET CITY , IL 60409 USA

NORTH SIDE L 1011 W Lawrence Ave Chicago , IL 60640 USA

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE , FL 32256 USA

ILLIANAFINCU 1600 Huntington Drive Calumet City , IL 60409 USA

SECURITY CREDIT SERVIC 2653 W OXFORD LOOP OXFORD, MS 38655 USA

RCVL PER MNG 20816 44TH AVE WES LYNNWOOD , WA 98036 USA

FRANKLIN COLLECTION SV 2978 W Jackson St Tupelo , MS 38801 USA

CONVERGENT OUTSOURCING 800 SW 39TH ST RENTON , WA 98057 USA

Cook County Treasurer 118 N. Clark St. Room 112 Property Tax Chicago , IL 60602 USA

Cook County Clerk 118 N Clark St FI 4 Case 16-29885 Doc 1 Filed 09/20/16 Entered 09/20/16 11:51:15 Desc Main Document Page 64 of 70

Chicago , IL 60602 USA ComEd 3 Lincoln Center Bankruptcy Section Oakbrook Terrace , IL 60181 USA

Nicor Gas 90 N. Finley Road Glen Ellyn , IL 60137 USA

Village of Crestwood 13840 S. Cicero Crestwood Midlothian , IL 60445 USA

City of Chicago Parking 121 N. LaSalle St # 107A Chicago , IL 60602 USA

City of Markham 16501 Kedzie Ave Markham , IL 60428 USA

PLS - Bankruptcy 800 Jorie Blvd 2nd Floor Oak Brook , IL 60523 USA Case 16-29885 Doc 1 Filed 09/20/16 Entered 09/20/16 11:51:15 Desc Main Document Page 66 of 70

| Debtor 1 Danny First Name   | E.  | Johnson  | Case number (if known)  |   |
|---|---|--|---|---|
|   | Middle Name uestions for Reporting Purp   | Last Name OSeS   |   |   |
| 16. What kind of debts<br>do you have?  | 16a. Are your debts primar<br>101(8) as "incurred by<br>No. Go to line 16b.<br>Yes. Go to line 17.<br>16b. Are your debts primar  | rily consumer de<br>an individual prim<br>rily business del<br>iness or investme   | arily for a personal, fam  ots? Business debts are  ent or through the operat   | ily, or household purpose."  debts that you incurred to ion of the business or                              |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | you estimate that ler any exempt operty is excluded administrative penses are paid at funds will be ailable for stribution to   |  |   |   |
| 18. How many creditors do you estimate that you owe?  | <ul><li>✓ 1-49</li><li>☐ 50-99</li><li>☐ 100-199</li><li>☐ 200-999</li></ul>  | 1,000-8<br>5,001-  |   | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |
| 19. How much do you<br>estimate your assets<br>to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$10,00<br>\$50,00   | ,001-\$10 million<br>0,001-\$50 million<br>0,001-\$100 million<br>00,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. How much do you<br>estimate your<br>liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$10,000<br>\$50,000   | ,001-\$10 million<br>0,001-\$50 million<br>0,001-\$100 million<br>00,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Part 7: Sign Below  |   |  |   |   |
| For you   | and correct.  If I have chosen to file under 11,12, or 13 of title 11, United choose to proceed under Chalf no attorney represents me me fill out this document, I had I request relief in accordance I understand making a false connection with a bankruptcy years, or both. 18 U.S.C. §§  /s/ Danny Johnson Signature of Debtor 1  Executed on 9/19/2016 | Chapter 7, I am and States Code. I capter 7.  and I did not pay ave obtained and a with the chapter statement, conceat a case can result in 152, 1341, 1519, | aware that I may procee inderstand the relief ava or agree to pay someor read the notice required of title 11, United States aling property, or obtainin fines up to \$250,000, | s Code, specified in this petition. ng money or property by fraud in or imprisonment for up to 20           |

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|  |                             | 200  | amone rago or or                                   |   |   |  |
|--|-----------------------------|--|--|---|---|--|
| Fill in this inform  | nation to identify your cas | e:   |  |   |   |  |
| Debtor 1   | Danny                       | E.   | Johnson  |   |   |  |
| Debtor 2   | First Name                  | Middle Name  | Last Name  | _   |   |  |
| (Spouse, if filing   | g) First Name               | Middle Name  | Last Name  | -   |   |  |
| United States E  | Bankruptcy Court for the:   | Northern   | District of Illinois                               | _   |   |  |
| Case number  |                             |  | (State)  |   |   |  |
| (If known)   |                             |  |  |   |   |  |
| Official   | Form 106De                  | eC   |  |   | Check if this is an<br>amended filing   |  |
| Declara  | tion About a                | _<br>n Individual [  | Debtor's Schedu                                    | les   | 12/15   |  |
|  |                             |  | nsible for supplying correct in                    |   |   |  |
| §§ 152, 1341, 15   |                             |  |  |   |   |  |
| Did you p  | ay or agree to pay some     | eone who is NOT an attor   | ney to help you fill out bankrup                   | otcy forms?   | deedstan him is a state of the |  |
| ✓ No   |                             |  |  |   | t annament  |  |
| Yes. 1   | Name of person              | TOTAL TO | Attach Bankruptcy Peti<br>Signature (Official Form | tion Preparer's Notice, Declaration, and<br>n 119). | the first transfer of |  |
|  |                             |  |  |   | er ing dan wei cheepe   |  |
|  |                             |  |  |   |   |  |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. |                             |  |  |   |   |  |
| ✗ /s/ Danny  | 10/0/                       | m 9. M.L   | <b>x</b>   |   |   |  |
| Signature o  | f Debtor 1 /                | 101  | Signature of                                       | Debtor 2  |   |  |

Date

MM/DD/YYYY

Date 9/19/2016

MM/DD/YYYY

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| Debtor 1             | 1 Danny  | E.   | Johnson  | Case number (if known)  |  |
|----------------------|--|--|--|---|--|
| enter or a transport | First Name   | Middle Name                                      | Last Name  |   |  |
| 28. Wi               | ithin 2 years before y<br>editors, or other parti  | ou filed for bankruptcy, did<br>ies.             | you give a financial statem                              | ent to anyone about your business? Include all financial institutions,  |  |
| <u> </u>             | No<br>Yes. Fill in the details   | s below.   |  |   |  |
|                      |  |  | Date issued  |   |  |
|                      | Name   |  | MM/DD/YYYY   | _   |  |
|                      | Number Street  |  | <del></del>  |   |  |
|                      | City   | State Zip Code                                   | <del></del>  |   |  |
| Part 12:             | Sign Below   |  |  |   |  |
| bani                 | kruptcy case can resu  | ult in fines up to \$250,000, or<br>anny Johnson | atement, concealing proper<br>rimprisonment for up to 20 | rty, or obtaining money or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |  |
|                      | Signature  | e of Debtor 1                                    |  | Signature of Debtor 2   |  |
|                      | Date 9/  | 19/2016  |  | Date 9/19/2016  |  |
| Did y                | ou attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |  |  |   |  |
| -                    | No   |  |  |   |  |
|                      | Yes  |  |  |   |  |
| Didy                 | ou pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?                                 |  |  |   |  |
| -                    | No   |  |  |   |  |
|                      | Yes. Name of person  |  |  | Attach the Bankruptcy Petition Preparer's Notice,   |  |

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| Debt   |   | Danny<br>First Name   | E.<br>Middle Name                     | Johnson<br>Last Name   | Case number (if known)  |             |
|--|---|---|---------------------------------------|--|---|-------------|
| 16.  | o encytomers to   | or one of the Microbian and American Americans and the control of | nily income that applies to yo        | A THE CONTRACT OF THE SECRET S |   |             |
|  |   | Fill in the state in which  |                                       | Illinois   | •   |             |
|  |   |   | eople in your household.              | 2  | _   |             |
|  |   | •   | ily income for your state and siz     | a of household   | _   | \$63,896.00 |
|  | 100.  | To find a list of applica   |                                       | **********   | k specified in the separate instructions for this form. This list   | ,           |
| 17.  | Hov   | v do the lines compar   | re?                                   |  |   |             |
|  | 17a.  |   |                                       |  | orm, check box 1, <i>Disposable income is not determined under Disposable Income</i> (Official Form 122C-2).        |             |
|  | 17b.  | 1325(b)(3). <b>Go t</b>   |                                       |  | box 2, Disposable income is determined under 11 U.S.C. § come (Official Form 122C-2). On line 39 of that form, copy |             |
| Part   | 3:  | Calculate Your Co   | mmitment Period Unde                  | er 11 U.S.C. §13   | 25(b)(4)  |             |
| 18.  | Сор   | y your total average  | monthly income from line 11.          | ***************************************  | ANIAS ON SANTANIA. A LA LA ESTADA SANTANIA A LA                                    | \$5,383.82  |
| 19.  |   |   |                                       |  | is not filing with you, and you contend that calculating the ir spouse's income, copy the amount from line 13.      |             |
|  | 19a.  | If the marital adjustme   | ent does not apply, fill in 0 on line | e 19a.   |   | -\$0.00     |
|  | 19b.  | Subtract line 19a fro   | om line 18.                           |  |   | \$5,383.82  |
| 20.  | Calc  | culate your current me  | onthly income for the year. F         | ollow these steps:   |   |             |
|  | 20a.  | Copy line 19b.  |                                       |  |   | \$5,383.82  |
|  |   | Multiply by 12 (the nur   | mber of months in a year).            |  |   | x 12        |
|  | 20b.  | The result is your cum  | ent monthly income for the year       | r for this part of the for   | m.  | \$64,605.84 |
|  | 20c.  | Copy the median fami  | ily income for your state and size    | e of household from lir  | ne 16c.   | \$63,896.00 |
| 21.  | How   | v do the lines compar   | e?                                    |  |   |             |
|  |   | Line 20b is less than lin<br>period is 3 years. Go to   |                                       | d by the court, on the   | top of page 1 of this form, check box 3, The commitment   |             |
|  | Tours of  | Line 20b is more than commitment period is 5  | •                                     | rwise ordered by the o   | court, on the top of page 1 of this form, check box 4, The  |             |
| Part   | 4: {  | Sign Below  |                                       |  |   |             |
| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. |   |   |                                       |  |   |             |
|  |   | 🗶 /s/ Danny John  | son Do . 904/4                        | 2 /  | <b>c</b>  |             |
|  |   | Signature of Debte  |                                       |  | Signature of Debtor 2   |             |
|  |   | Date 9/19/2016  | _                                     |  | Date  |             |
|  |   | MM/DD/YY  | ΥΥ                                    |  | MM/DD/YYYY  |             |
|  | If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above. |   |                                       |  |   |             |

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### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re: | Johnson, Danny E. ;                        | Case No   |             |
|--------|--|---|-------------|
|        | Debtor(s)                                  | Chapter. Chapter13  | MARK WALL   |
|        | VERIFICA                                   | TION OF CREDITOR MATRIX   |             |
|        | The above named Debtors hereby verify that | the attached list of creditors is true and correct to the best of the | ir knowledg |
|        |  |   | a           |
| Date:  | 9/19/2016                                  | /s/ Johnson, Danny E. Jan 9 Johnson, Danny E.                         | 4           |
|        |  | Signature of Debtor   | - Jane      |
|        |  | /s/   |             |
|        |  | Signature of Joint Debtor   |             |